TO FUNERAL DIRECTOR: After this certificate has been signed by the attending obscious and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR AFTENDING PHYSICIAN: The law requires that the death certificate.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

V	1)	DIVISIO	N OF STAT	ISTICAL R				, 301 W. PRES		REET, BA	LTIMOR	E 1, MAF	RYLAND
	/	0436	4			CERTIFI	CATE	E OF DEA	TH			1)4	359/
	1.	PLACE OF DEAT	Albot			MARY	LAND	2. USUAL RESII a. STATE	DENCE (Whe		ved, If insti	γ _	ence before idmiss
		b. CITY OR TON	NN (if outside o	orporate limits	s, c. Ll	ENGTH OF STAY		c. CITY OR TOWN	N (If outside	corporate l	Imits, writ	e RURAL and	give nearest to
		WITTE   1 STORY	FASTO	1	1/6	R. 15 m	10.	F	ederal	sburg	R.F.	D. 03	5-2
		d. NAME OF HO	SPITAL OR INS	TITUTION (if no	t in hospita	i, give street a	ddress)	d. STREET ADDR	ESS				ON A FARM
8		11/emi	RIAL	145.87	tal			P:	reston	Road			YES NO
	3.	NAME OF DECEASED (Type or print)	BN	SHERRY	11.0	/LYNN	R	Last	4. D	ATE F EATH	Month 3	20	Day Year
	5.	SEX	6. COLOR OR	PACE 7. MAR	RIED N	EVER MARRIEC	17 1 8	AN INC.		19. AGE (	In years   I	FUNDER 1 YE	AR IF UNOER 24
		Female	Whi		WED [	DIVORCE	-	March 29,	1966	last b	irthday) n	Ionths Day	ys Hours M
	1Da dur	I. USUAL OCCUPA Ing most of work Infa	king life, even I	of work done 1 f retired)	IOD. KINO OI INDUST			11. BIRTHPLACE	E (County & :		gn country)	COUN	EN OF WHAT TRY? S.A.
	13.	FATHER'S NAI						14. MOTHER'S	MAIDEN NAM	ME			
	_			ld Bann				Su	e Nage	1			
	15 (Ye	. WAS DECEASED es, no, or unkown)	EVER IN U.S. AR (If yes give war o	MED FORCES? r dates of service)	16. SOCIA	LSECURITYNO		INFORMANT			Address		
		No			No	ne	G,	Gerald B	anning	, Fede	ralsb	urg, M	d.
			DEATH (Enter EATH WAS CAU IMMEDIATE	SED BY:	Per line for	(a), (b), and (c)		Failure				11	NTERVAL BETWEI
		750 Conditions, If	any, which	DUE TO	Cabo	wist	hal	us					1 hr
		gave rise to cause (a), a underlying cau	stating the	DUE TO	2ne	nce	bi	halu	2)				
*)_	CERTIFICATION	PART II. OTHER	SIGNIFICANT CO	NOTITIONS CON	TRIBUTING	TO DEATH BUT	OT RELA	TED TO THE TERMIN	NAL DISEASE	CONDITION	GIVEN IN P	ART 1(a)	PERFORMED YES X NO
0		20a. ACCIOENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLY ING TO CAUSE O OTIFY MEDICAL	ING [] 21 DF OEATH EXAMINER)	Db. DESCR	IBE HOW INJUR	RY OCCU	RRED. (Enter natu	re of injury	In Part I or	Part II of	Item 18.)	
	MEDICAL	Hour a.	INJURY Month m. .m.		While N	OCCURRED 2 of While at work	Oe. PLAC factor	CE OF INJURY (Hom y, street, office bld	ne, farm, 2 lg., etc.)	Of. (City or	town)	(County)	(State
			fy that (I) (thi		ttended the			3-2-S death occurred	, 19,66 at 3,45	, to3 M, from the	- 25 causes a	., 19 <i>6 Ce</i> ,	, that (I) (we) I date stated abo
		228. SIGNATU	m E	2 Ba	y l	with	M.D.	ATTENDING No	7 *	C STA	FF _	22b. DATE	31-66
1		226. PHYSICI NAME (T	yfohn E.	Baybut	t		M.	D 22d. ADDRES	Farle	are	Ed	ston	no
	23a	BURIAL, CREI	MATION, 23b. pecify) Mar	DATE THEREOR		H111 (	METERY Crest		F	LOCATION ederal	sburg	Mary	land
_	24	. FUNERAL DIR	ECTOR FI	numblan	the	ADDRESS	٠	1	REC'D BY	REGISTRAR	25b. RE	ISTRAR'S S	GNATURE
4		and and the state of the same	XXXXXXX	AND STORES	of te	decolph	in	Mod. Date	PR 6	1966	geli	meles (	udge

MARYLAND STATE DEPARTMENT OF HEALTH

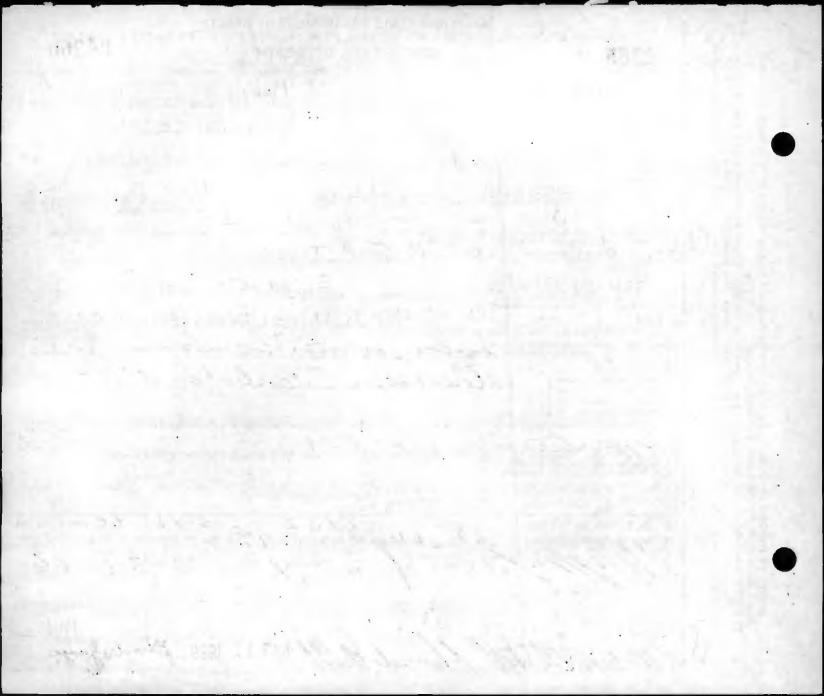
Caroline Maryland .W.T. N erodelarabal beat mades in TiMerch 24, 1966 Sometic whice insisi be I was 2 2 - 3 In all assi C. Christa Banana . Soyald Sanates, Federalaburg, bd., 1000 Bealview processes Horgan March 31, 1000 1811 Proces A SMARKET TO THE RESERVE TO SMARKET TO THE SMARKET TO HOSPITAL OR ATTENDING PHYSICIAN. The lifw requires that the death certificate be executed within 24 hours alter death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

I.	U4365 Ttem CERIFICALE OF DEATH TO THE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE
1	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
l	a. COUNTY TO 1/2 to 1
ŀ	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town)
l	write RURAL and give nearest town)
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS    d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE
l	D. No. 1 On A FARM?
ŀ	RIO VISTA NUTSING HOME I SYXXXXXXI MONT SIMIGENTINAGE YES NOM
l	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
ŀ	(Type or print) JOSEPH T. NIGGES   BEATH / AR. 12 1966
l	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 HRS
	WIDOWED DIVORCED Aug. 0, 188 4 83 yrs.
t	Qu. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
-	train conductor railroad-relized TALbot Md. 10.5.
l	13. FATHER'S NAME
	Hobory Blades Elizabeth Dalisbury
l	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address (Yes, no, or unknown)   (If yes give war or dates of service)
	NO 1717-07-8349 K. Thomas Everngam Deutow, Md.
ľ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ]  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
١	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro / oxcerebo / oxcereb
ı	443 X DUE TO 24 1 4 1 1 1
ı	conditions, if any, which ) (b) Of hereflewhere arche as a
I	gave rise to immediate cause (a), stating the DUE TO
l	underlying cause last. (c)
l	PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
l	S King Performed? YES NOV
ĺ	
l	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CONTRIBUTING   CAUSE OF DEATH CIF EITHER, NOTIFY MEDICAL EXAMINER)
ı	
ı	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)  Hour a.m.   While   Not While   at work   at work   at work
١	
l	21. I certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
ı	222. SIGNATURE   22b. DATE SIGNED
I	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 03 13 66
I	22c. PHYSICIAN'S
I	NAME (Type) - M. Keeser, Jn. J. Michaels, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
	BURIAL (Specify) 3-16-65 Angel Hill CEM. HAVRE de Dras. Md.
	24. HINERAL DIRECTOR / A DORESS / W25a, DEC'D BY REGISTRAR 25 MOREGISTRAR'S SIGNATURE
	N. Modern Muchel Javed Tra AMAR 11 1966 Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral deat PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY. bon papers. Pages 1 within 72 hours after 6 0 MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ASTO day Ξ. 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO YES within and completely emove carbon NAME DE Month Middle Last 4. DATE Day Year DECEASED DF DEATH event, (Type or print) - 19 ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED TA NEVER MARRIED | Months | Days апу male WIDOWED DIVORCED 0 YES. E 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physical phy pe during most of working life, even if retired) CDUNTRY? INDUSTRY 1 alivative INVINCTUCO certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph гетоуа asred 15. WAS DECEASED EVER IN U/S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address I wanith To the atten it permit. death 0 (Yes, no, or unknwn) (If yes give war or dates of service) cremation, been signed by une the burial-transit p ior to burial, cramati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 2110 the hospital or attending physician. IMMEDIATE CAUSE DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. this certificate has detached for use as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES ND 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) of Dept. MEDICAL TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. Not While After d be d Wille ATTENDING be retained by at work at work D.M. 19 TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 21. I certify that (i) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive onand that death occurred at M, from the causes and on the date stated above. DATE SIGNED SIGNATURE 22b. ATTENDING MED PHYS. DIRECTOR PHYS. M.D. HOSPITAL PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23¢. LOCATION (City, town or county) wha 24. / FUNERAL DIRECTOR ADDRESS 250. A15 (4) DATE

1408.0 principally the principal There are specific 4 31547 The man de dans and the James Streeted Bridge 9- 67 144 31 31 34 34 I was to be a second of the 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please femore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the year, within 72 hours after dealth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF CERTIFICATE OF DEATH

	U4364 CERTIFICA	IE OF DEATH	\$30Z
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution	: Residence before admission)
	a. COUNTY	a. STATE b. COUNTY	16 1
	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 18	b c. CITY OR TOWN (If outside corporate limits, write RUI	At and also pagent town)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. City OR TOWN (It butside corporate limits, write Rui	the and Rive nearest town)
	LASTON LIFE	LASton	20-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	s) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	R+ 1 Box 222	R+1, Box 222	YES NO
3.		Last   4. DATE Month	Day Year
	(Type or print) Nahny Emmn	Brooks DEATH 3	71 1966
5.	DEV.		DER 1 YEAR IF UNDER 24 HRS.
I	1. MAKRIED   NEVER MAKRIED	Jast birthday) Month	
	emple Col WIDOWED DIVORCED	10-2-04 81 yrs.	
10a	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR ring most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12	CITIZEN OF WHAT
40,	In have ex-	o Manulard	1000
13.	FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	Cay 31/1
	Int. Otallialla	1 1 1 1 D.	cko
45	John DESTITIOS	Elizabeta Bro	01/2
	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 es, no, or unknown) ((If yes give war or dates of service)	INFORMANT R - Address	= 1 01 Cby
	4	DOUTHY POORNS KNS	-4/01-1
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	1 1 1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	level the charge	Usertal .
	IMMEDIATE CAUSE (a)	conspicule 4 anima	george.
	6000 DUE TO O CAST	Motor	0
	Conditions, If any, which	21111-2-2011	
	gave rise to immediate (		
	could (a), Stating the		
Z.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	TATED TO THE TEDMINAL DISEASE CONDITION CIVEN IN DADT 1	(a) 119. WAS AUTOPSY
Ĕ	PARTITION OF THE STATE OF THE S	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
2	Viabella melellas, ASHI,	HCVFI	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury in Part I or Part II of Item	18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
		LACE OF INJURY (Home, farm,   20f. (City or town)	County) (State)
MEDICAL		ctory, street, office bldg., etc.)	(0100)
ME	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from_	10-1- 19/3 to 3-11-19	that '(1) (we) last
		hat death occurred at 4 M, from the causes and o	
	22a. SIGNATURE		DATE SIGNED
	6) 1/2 K 1/1/20 2	ATTENDING DIRECTOR PHYS. 3	-18-19/1
		A.D. PHYS. DIRECTOR PHYS. 3	100
	22c. PHYSICIAN'S NAME (Type) DaleR. Kollman, M.D.	- 1/1/ 4.	Estan MI
	parchinate, in	12 N. Manson Sti, E	ascon, Md.
23a	BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETE		
2	REMOVAL (Specify) 3-15-46 (LINGTHILL)	CEM TON KI	DI MON
24	LUNERAL DIRECTOR AND ADDRESS 4	A 1 25a: REC'D BY REGISTRAR   25b. REGISTR	AR'S SIGNATURE
1	king Blabull Easton, M	N' AND AND AND	
_		DATE AR 16 1958 your	rles Judge

to do to the transfer of the to EASTON LIFE EASTER THE THE DAY DAY THE LAS IN THE - 18 18-5-81 mm 1 300 Samot LABORER TOME + WARRAND LEAD JUAN DESHIEL FRANKE FRANKE the second death James Contagnet And the second second Add to the story Maria State and Control I make to be to be to the

funeral and 2 death. hours after death. completely filled in by the 1 fove carbon papers. Pages 1 wevent, within 72 hours after executed within and ren Then please premoval, and in attending physician rmit. Then please death certificate be this certificate has been signed by the attent letached for use as the burial-transit permit. • Dept. of Health prior to burial, cremation, or r the PHYSICIAN: The law requires that the the hospital or attending physician. detached f e Dept, of l be de State TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State Page 4 may be retained by

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Besidence before admission) 8. STATE MARYLAND b. COUNTY QUEEN ANNES 1. TALBOT MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM2 NO YES ! 3. NAME DE Elest Middie DATE Month Year DECEASED Mar. 66 Brown OF William Purnell DEATH 19 (Type or print) AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. last birthday) MALE Months Hours B WIDOWED [ DIVDRCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY FATHER'S NAME 14. MOJHER'S MAIDEN NAME FOWIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) ES INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ( Liver DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating cause underlying cause last. (C) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATI asteroclaracis YES NO X

20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part ) or Part I) of Item 18.)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While

at work at work 19 1966 6 much 19 64 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 65 and that death occurred at 10 A. M. from the causes and on the date stated above. saw the deceased alive on 2 19

22a. SIGNATURE DATE SIGNED MED. STAFF M.D. PHYS. DIRECTOR PHYS. 22C. PHYSICIAN'S ADDRESS

NAME (Type)

DATE THEREOF

BURIAL, CREMATION, 23b.

REMOVAL (Specify) URIA

NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or acunty) (State) 25b.

(State)

ADDRESS REG'D BY REGISTRAR 25a. 1966

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death, after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Pages 1 urs after alpot the MARYLAND CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) C. LENGTH DF STAY IN 1b c. CITY DR TDWN (If dutside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours 24 hours Œ 6 agton day d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) filled within completaly 3. NAME OF First Middle Month DATE DECEASED ŌF 20 DEATH (Type or print) oull 0.10 executed and a 5. SFX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years ) IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIEO 8. 9. attendin physicia and corrmit. Then please remove n. or removal, an in any eve 7. MARRIED [ iast birthday) Months | Days E T WICOWED IV DIVORCED YES. 5 10a, USUAL DCCUPATION (Give kind of work done | 10b, KINO DF BUSINESS DR 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) þe during most of working life, even if retired) INOUSTRY COUNTRY? **■ertificate FATHER'S NAME** 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. INFORMANT Address permit. ath (Yes, no, or unkown) | (If yes give war or dates of service) in signed by the atter burial-transit permit burial, cremation, o 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY thenoun physician. IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which peen rise to Immediate attending 書き **DUE TD** cause (a), stating the prior 1 underlying cause last. has 38 CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate hospital this cerum detached fo 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TYS III. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Oay, Year 20f. (City or town) (County) State factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. Not While While N. at work p.m. retained 21. I certify that (I) (this hospital) attended the deceased from 19 \_ that (l) (we) last M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED 08 þe page ATTENOING STAFF X DIRECTOR M.D. PHYS. PHYS. DSFITAL may TO FUNERAL director, p should be f 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Trever. Page 4 Robert M.D. Easton. Md. BURIAL, CREMATION, REMOVAL (Specify) 23a. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) N1 61 **FUNERAL DIRECTOR** REC'D BY REGISTRAR REGISTRAR'S SIGNATURE AOORESS 25b. 1966

e. IS RESIDENCE

YES

Day

DN A FILIM? NO Z

Year

WAS AUTDPSY

ND IX

(State)

(State)

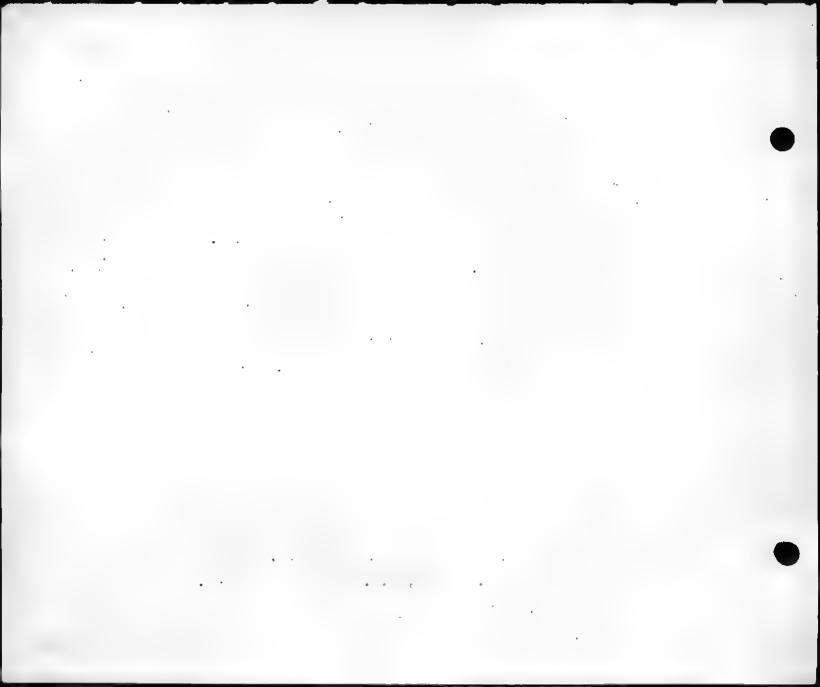
PERFORMEO?

YES

Hours

19 66

VR A15 (4) 1/65



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0437	0		CERTIFIC	CATI	OF DEATH		-,		()4	36	5
1.	PLACE OF DEAT					2. USUAL RESIDENC a. STATE		b. COUR	ITY_	esidence	before a	dmission)
_	b. CITY OR TOW write RURAL	N (if outside corporate and give nearest town	limits,	c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside cor		lbot ite RURAL	and giv	e neare	st town)
_	Mye Wil	ls		loyrs.  hospital, give street add	dress)	d. STREET AUDRESS	Iills	•			IS RES	IDENCE
											ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Fire		Middle	0 -	Last	4. DATE DF DEATH	Mont		Day	Ye 19	ar
5.	SEX	6. COLOR OR RACE	7. MARRI	Parker ED NEVER MARRIED		llahan Sr . DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1	20 I YEAR		
10	a. USUAL OCCUPAT	ION (Give Kind of work d	WIDOW	KIND OF BUSINESS OR		3/18/1900 1/11. BIRTHPLACE (Co	unty & State,	66 yrs.	) 12. CF	TIZEN C	F WHAT	
	Retir	ing life, even if retired		armer -			Maryl	and.	U CO	UNTRY1		
13			17	a la Lua		14. MOTHER'S MAID		1				
15 (Y	i. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED FOR (If yes give war or dates of	CES?	6. SOCIAL SECURITY NO.	17.	INFORMANT	N IVIE	Addre	3S			
_	18. CAUSE OF	DEATH [Enter only one	сацse pe	217-36-064 r line for (a), (b), and (c).		Rlanche K.	Call	ahan.	Wye		I S	
	PART I. DE	TATH WAS CAUSED BY: IMMEDIATE CAUSE (	a) Co	ronary Occlu	sio	n					T AND Stai	_
	Conditions, If	any, which )	0 6)_ <b>A</b> ::1	erioscleroti	c V	ascularHear	Dese	as <b>e</b>		y	ears	3
	gave rise to cause (a), s underlying caus	tating the DUE	0									
TION	PART II. OTHER	SIGNIFICANT CONDITION		BUTING TO DEATH BUT NO		TED TO THE TERMINAL D	ISEASE CON	DITION GIVEN IN	PART 1(a)		WAS AU	
CERTIFICATION	20a ACCIDENT	WAS LINDERLYING IT	1.20h	tis far advar		RRED. (Enter nature of	Injury in Pa	rt I or Part II o	f Item 18.)	YES		NO X
		ING CAUSE OF DEATH TIFY MEDICAL EXAMIN				``						
MEDICAL	2Dc, TIME OF Hour a.r		ear   20d   Whi   at w	le Not While	e. PLAC factor	CE OF INJURY (Home, fai y, street, office bldg., et	rm, 20f. (	City or town)	(Cou	nty)	(3	State)
~	21. I certif	y that (I) (this hosp)	tal) atte	nded the decessed fro	m	Nov. 16. , 19 death occurred at 1	62 to	March 20	2, 19 6	6, tha	at (1) (1	we) last
	saw the de	ceased alive on Ma	7	1900 , an	d that				and on th			above.
	22c. PHYSICIA		19/	200	M.D.	PHYS. NO D	IRECTOR	STAFF PHYS.	19-	22	-6	4
-	NAME (T)	6.1		ayton	I = T = A	Ce	ルブラ	24 011	1/6	me		4.4.
23	REMOVAL (Spe	3-23-	LG	WOODLAWA	L N	OR CREMATORY  EMERIA U	175	cation (city, to	-	**	In	tate) ⊴∕
24	FUNERAL DIRE	CTOR		ADDRESS	De	25a. REC	D BY REGIS	TRAR 25b. R	EGISTRAR'S	SIGNA	TURE	

VR AIS (4) C



TO MOSPITAL OF Extension PHYSICIAN: The law Implies that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic n and comnetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removes carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any syafit, within 72 hours after death.

	DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
_	04371 CERTIFICAT	
1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lired, if institution: Residence before admission) a. STATE b. COUNTY
	1 A 100 T MARYLAND	Maryland Dorchester
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest/town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Hurlock, R.F.D.
	MENIXRIAI HOSP, INT	d. Street address  R.F.D. # 2- Box 28  e. IS RESIDENCE ON A FARM? YES NOW
3.	NAME OF First Middle	Ast 4. DATE Month Day Year
r	(Type or print) Elenoria (Interior)	CORPLAN DEATH O 2/ 1966
5. <b>F</b>	cmale   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  April 1, 1894  9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min
10a dur	. USUAL OCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS OR INDUSTRY   INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
	Housework Home	Dorchester County, Md. U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME
18	Isaac Cornish	Nellie Lake
(Ye	is, no, or unknwn) (If yes give war or dates of service) 217 28 27/7	eniel W. Coleman, Hurlock, Md. R.D.#2
1	NO I	
1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
	11 V	acule 3 days
	Conditions, If any, which ) Dualities glas	nemborcherosis 104RS
	gave rise to immediate cause (a), stating the DUE TO	
	underlying cause last. (c) Deables - an	elletin 104Rg
	//	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5	Preumania 10 day	YES NO NO
CERT	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of injury in Part I or Part II of Item 18.)
Z Z	to all	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour a.m.  p.m.  19 While Not While at work	pry, street, office bidg., etc.)
- [	21. I certify that (I) (this hospital) attended the deceased from	
		t death occurred at 7.4 m, from the causes and on the date stated above.
-	22a. SIGNATURE	ATTENDING MED. STAFF 3 -25-C6
Ī	22c PHYSICIANYS Stephen P. Carney M. I	22d. AODRESS
į	NAME (1762) Stephen P. Carney ( M.)	L. Easton, Maryland 3/28/66
23a	REMOVAL (Specify)	(-1.7)
24	Burial Planch 30, 1900   Washington	
24.	FUNERAL DIRECTOR ADDRESS ADDRESS WAS FEDERAL STRUCK TO THE MENT OF THE PROPERTY OF THE PROPERT	252, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
4	1 - 1-17 Jew Second	DATE 1300 Commences Judge

VR #15 (4) 20M 1/65 F .,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death death. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after Pages 1 urs after the MARYLAND b. CITY OR TOWN (if outside corporate limits. c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pag 5 write RURAL and give nearest town) hours .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street address) IS RESIDENCE filled d. STREET ADORESS θ. ON A FARM? YES TX NO within ve carbon p NAME OF First Middle Month DATE Day Year Last 4. DECEASED 9 (Type or print) 1966 ÖEATH executed SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. remove, DATE OF BIRTH 7. MARRIED ENKA any .= 10a. USUAL OCCUPATION (Give kind of work done | 10b. KING OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT d by the attending physician ransit permit. Then please r cremation, or removal, and in during most of working life, even if retired) INDUSTRY COUNTRY?\_ HOUSE WIL certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17, INFORMANT death (Yes, no, or unkown) | (If yes give war or dates of service) been signed by and the burial-transit for to burial, cremati CAUSE OF OEATH (Enter only one cause per line for INTERVAL BETWEEN (a), (b), and (c).] The law reculres that the ONSELAND DEATH PART I, OEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. has ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. ficate h for use Health p PERFORMEO? NO N UENSION YE\$ CERTIFI hospital 20a. ACCIDENT MAK UNCERLYING TO CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) cert 90 r this ced Dept, CAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. After MEDI While - Not While ATTENDING o.m. 19 at work at work DIRECTOR: Af age 3 should iled with the S retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2M, from the causes and on the date stated above. saw the deceased alive 22a. SIGNATURI 22b. DATE SIGNEO å page M.D. PHYS. DIRECTOR PHYS 4 may HOSPITAL FUNERAL PHYSICIAN'S 22d. ACORESS 22c. TO FUNERA director, I should be pe. NAME (Type) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY (State) DATE THEREOF LOCATION (City, town or county) REMOVAL (Specify) REC'O BY REGISTRA 25a. VR A15 (4) 20 M 1/65



24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

<b>FR91</b>	<b>3</b>	CE	RTIFICATE	OF DEATH			04368
1. PLACE OF DEAT	Н				E (Where deceased li		tesidence before admissi
J. 0001111	TAlbot		MARYLAND	a. STATE Max	ruland.	b. COUNTY 7	rlbot
b. CITY OR TO	VN (if outside corpora L and give nearest to	te limits,   c. LENGT	H OF STAY IN 1b	c. CITY OR TOWN (If		Imits, write RURAL	end give nearest tov
EF	95+c0		2 dars	Easton	(runal)		2 -1
d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not in hospital, giv	e street eddress)	d. STREET ADDRESS			e. IS RESIDEN ON A FARM
me	morial 1	Haspita	1	Bailey	i's Neck		YES NO
3. NAME OF DECEASED	∩ F		Atddle	Last	4. DATE	Month	Day Year
(Type or print)		Pey !	Powell	Cay	DEATH /	narch	12 1960
5. SEX	6. COLOR OR RACE	7. MARRIED NEVE	R MARRIED   8	DATE DE BIRTH	9. AGE (		1 YEAR   FUNDER 24+
male.	white	WIDOWED 📉	DIVORCED	9/18/1876	89	yrs.	
during most of wor	TIDN (Give kind of work king life, even if retire	done 10b, KIND OF BUS d) INDUSTRY	SINESS OR	11. BIRTHPLACE (C	ounty & State, or forei		ITIZEN DF WHAT
Druggis				/albot	Manylano	(	ISA .
13. FATHER'S NAI	_			14. MOTHER'S MAIN			
	el (ox			Sarah Be	enry		
	EVER IN U.S. ARMED FI (If yes give war or dates)	f service)		INFORMANT		Address	
no		215-14-		s. Gene Sux	ope, casto	n, Ild.	
		e cause per line for (a),	(b), and (c).]	T. L.	V:		ONSET AND DEAT
PART I. U	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) 17000	7415/	F1) [OXC,	11017		
4 =	DUE	TO A . 40	110501	a incli			
Conditions, If		(p) // / 6.2	710-701	C 30715			
cause (a), s							
		(c) DNS CONTRIBUTING TO DA	ATH BUT NOT RELAT	ED TO THE TERMINAL	DISEASE CONDITION	CIVEN IN PART 1(a)	I19. WAS AUTOPS
EAT	Anuto	Inul h	カムナン	10118	01-212	De v 201 101 101 11 11 11 11 11 11 11 11 11 11	PERFORMED:
PART II. DTHER  20a. ACCIDENT DR CONTRIBUT OF CITHER, NO	WAS UNDERLYING	20b. DESCRIBE	HOW INJURY OCCUP	RRED. (Enter nature of	Inlury in Part I or	Part II of Item 18.	
S DR CONTRIBUT	ING CAUSE DE DEA	TH   NER)		•			
20c. TIME OF	INJURY Month, Day,	Year   20d. INJURY OCC		E DF INJURY (Home, fa	rm, 20f. (City or	town) (Gou	inty) (State)
20c. TIME OF Hour a.	m19	While Not W	une	y, street, office bldg., e	tc.)		
	7.	pital)/attended the de		. 1	9 to	19	, that (I) (we) I
	ceased aliveron	1/21/9/50		death occurred at 4	1 40	*	he date stated abo
22a. SIGNATU		V. 1			4	22b. D/	ATE SIGNED
	Elli	no	M.D.		MED. DIRECTOR PHY	F. 🔯 /3/	MAGET GE
22c. PHYSICI NAME (1	AN'S	H GABO	-it	22d. ADDRESS	You No	1 // //	
TAME (	F- C-	11. 101/11.	1 167 1	Je5	101/11/	07/10/1	
BURIAL, CRE	I feet 6 4	44	ME OF CEMETERY	OR CREMATORY	· ·	(City, town or cou	inty) (State)
Durial	1 3/75/		ing Hill		Caston	7	
24. FUNERAL DIR	ECTOR .	ADI	DRESS		D'D BY REGISTRAR	25b. REGISTRAR	
laurice:	- Tuma	m & son	casion /	NO INAR	1 5 1956	I marces	Judge.

11 ":0" , ι h de

## FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate shows be exempted within 14 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencif in itam 18. Given lages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with formare, Name 5 may be retained for your files. retained for your nies.

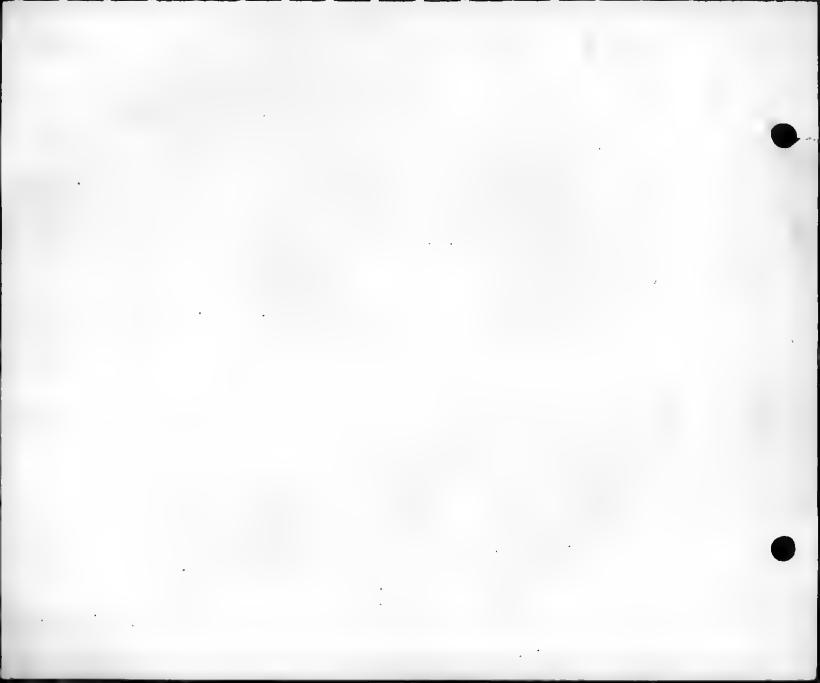
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and A with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDI

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4369

THE PROPERTY OF THE PROPERTY O	
1. PLACE DF DEATH  a. COUNTY	2. USUAL RESIGENCE (Where deceased lived, if institution: Residence before admission)
	a. STATE b. COUNTY
MARYLAND	Md Talbol
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	1 5 - 1 - Day 01 1
(1,00)	Teaston Dover. Rd.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS e. IS RESIDENCE
M.	ON A FARM?
Meyorial	Namison & Jarke YES NOW
3. NAME OF A First Middle	Lest 14. DATE / Month Day Year
DECEASED / P	OF // 32 7 7 7 7
(Type or print) Charlie Davis	DEATH P/2 3 - 2/ 19 66
	, OATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
7. MARKIED COMEYER MARKIED	last birthday) Months   Days   Hours   Min.
WIDOWED DIVORCED	[0] 26/07. (3.9) Syrs.
1Da, USUAL OCCUPATION (Give kind of work done   1Db, KINO OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired)MOUSTRY;	COUNTRY?
LADDOREK LARTORY	March (allen) US 9
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
14/	14. 110111211 111112
10000	Lacua Waskingles
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unknown) \(\text{iV}\) (I feet time war or dates of service)	1/
7.4	STON HOSPHITAL RECURDS IASTON, MO
18. CAUSE DF DEATH [Enter only one causp per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: CO YOURVU DCE	IUSION
IMMEDIATE CAUSE (e)	143101
4201 DUE TO	
Conditions if any which I	
gave rise to immediate (b)	
AUC TO	
Canso (a), storing the	,
underlying cause last. (c)	THE PART OF THE PA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMARY OF CONTRIBUTING COURSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
E .	YES NO
20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nuture of injury in Part I or Part II) of Item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
5 GAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLAN factor   2Dd. INJURY OCCURRED   2Dd. PLAN factor   2Dd.	
21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection . Inquiry . and In my opinion
death resulted from: Natural causes , Accident , Sui	cide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL LONG / NOST	22. DATE SIGNED
SIGNATURE OGMIN / J VOCCO	M D. ASSISTANT MEDICAL EXAMINER
	DEPUTY MEDICAL EXAMINER X
EXAMINER'S / 1/1/	1 A 8 66
NAME (Type)	Address (Street, city, town, or county)
	OR CREMATORY 23d. LOCATION (City, town or county) (State)
MEMOVAL (Specify)	Men Homby Yours en wild In
since a do manterous	THE THE PROPERTY OF THE PROPER
24. FUNERAL DIRECTOR / ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
No. 2 Mark in Fig.	
1// 1// 1// 1// 1// / / / / / / / / / /	71 1 200 1440 0 1
Hanis Billwell Carlon,	2d 1 DATE MAR 3 1 1966 ACharles Quidas



ours after Leath. Page 4 may be retained by the hospital or attending physician. THE PERMAN

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pressed and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
	04375 CERTIFICATE OF DEATH	04370
1.	PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If Institution: Resi b. COUNTY  MARYLAND  MARYLAND	Idence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL ar write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL ar RURAL and RURAL ar RURAL and RURAL ar RURAL A	nd give nearest town)
<	a. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addyess) d. STREET ADDRESS  PHRK AVE 373757	e. IS RESIDENCE ON A FARM? YES ND 2
3.	OF DECEASED (Type or print) Jaseph C Epler DEATH Marcte.	Day Year 2/ 19 66
5.	WIDDWED DIVORCED 2-7-76 Po yrs. Months D	YEAR IFUNDER 24 HRS ays Hours Min.
dur	THE MOST OF WORKING LIFE, EVEN BUSINESS MIDDLE TOWN PA GOULD TO A COU	NTRY2
13.	CHRISTIAN IPLER AMANDA STARK	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT  (If yes give war or dates of service)  (If yes give war or dates of service)  (If yes give war or dates of service)	ARK
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which (b)	INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1
MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Count factory, street, office bldg., etc.)  p.m. 19 at work at work	ty) (State)
	21. I certify that (I) (this hospital) attended the deceased from 3/16, 1906, to 3/1/1, 1906 saw the deceased alive on 3/2/1, 1900, and that death occurred at 5/1/10, from the causes and on the	
	22a, SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE OF STAFF 3 CONTROL	ZZ-66
	22c. PHYSICIAN'S NAME (Type) S. Krech Ir. 22d. ADDRESS Laston, 1	

BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 3-25-66

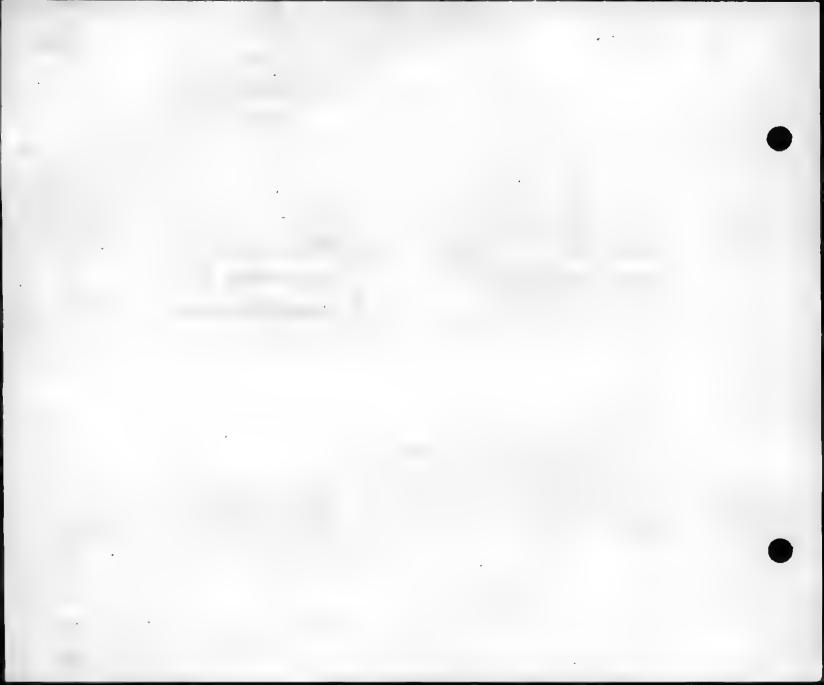
LOCATION (City, town or county)

25a. REC'D BY REGISTRAR DMAR 2 3 1966

FUNERAL DIRECTOR

ADDRESS

(State)



24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 00 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page I as be Intained by the Impital or attending Physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

US 10 CERTIFICATE						E OF DEATH ()4371						
	1.	PLACE OF DEATH					2. USUAL RESIDEN	CE (Where det			ce before ad	mission)
	a. COUNTY Talbot			MARYLAND 8. STATE Maryland b. C					Talbot			
		b. CITY OR TOWN	(if outside corporate	e limits,	c. LENGTH OF STAY II				, porate limits, writ	,	4-din	t town)
		write RURAL al	nd give nearest town	1)	33 years		Easton	. (rura	1)	~ .	. 1	
				N (if not in h	ospital, give street add	ress)	d. STREET AODRESS	170000	~/	0-	e. IS RESI	OENCE
			× 595				RFD Bo	× 595			ON A F	ARM?
0	3	NAME DE	Fir	rp\$	Middle		Last	1 4. DATE	Month	Day		NO X
	٠.	DECEASED (Type or print)	Fannie W.				LGSI	OF DEATH		2//	,	11
	5. 7			7. MARRIED		7   8	L. DATE OF BIRTH	9.	AGE (In years   I	FUNCER LYEAT		00 24 HRS.
	-4	White	111hi+a	4		닠 [ "	10/13/18		last birthday)	Aonths Days		Min.
	10a	USUAL OCCUPATION	N (Give kind of work d	WIODWED	IND OF BUSINESS OR		11, BIRTHPLACE (C	7	or ferring country)	12. CITIZEN	OF WHAT	
	dur	ing most of working	g,life, even If retired	1) 11	NOUSTRY		Talbot	A4 0		USA	Y?	
	13.	father's name	R			1	14. MOTHER'S MAIO	Mary	ww	UJ/1		
	200		0 × C./									
	15	WAS DECEASED EV	m B. Steve Erinu,s. armeofor	2726 90552   16	SOCIAL SECURITY NO. I	17.	Julia P	erry.	Address			
			If yes give war or dates of		ACT CO COCIÓ				_	44 1 4		
	_/	no		2	75=50=04/6	WL	Uiam_0; F.	isher,	Caston,			
				A .	ine for (a), (b), and (c).]	6.	1 - 5	r I			erval bet Iset and o	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acuse Myocardial Infarction  420/ Conditions, if any, which   DUE TO  Conditions, if any, which   Outtypertensive and Atheroscheratic Heart Dis.									1.4	USTA	NT.	
										(	A (7	
		Conditions, if an		(p) 174 108	rteusive a	4	theroscler	Btic	rear 1	12.	reak	28
		cause (a), stat	ing the DUE	ro !							1	
	=	underlying cause	_ /	(c)							11100 415	TODAY
	CERTIFICATION	PARTII, OTHER SIG	INTERCANT CONCITTO	NECONTRIBO	TING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL I	DISEASE CON	OIT JON GIVEN IN P.	ART 1(a)   19.	PERFORM	MED?
0	FIG										ES 🔲 I	NO X
,	ERTI	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEAT FY MEDICAL EXAMIN	H 20b. C	DESCRIBE HOW INJURY	occu	RRED. (Enter nature of	f injury in Pa	art I or Part I) of	item 18.)		I.
	MEDICAL	20c, TIME OF IN. Hour a.m.	JURY Month, Cay, Y	1		:. PLA( factor	E OF INJURY (Home, fa y, street, office bldg., e	arm,  20f. ( atc.)	(City or town)	(County)	(\$	tate)
	MEC	p.m.	19	While at work	Mor wille							
		21. I certify	that (I) (this hosp	ital) attend	ed the deceased from			961, to_	11/2	=, 19. <b>6</b> .5, t	hat (I) (w	re) last
		saw the dece	ased alive on	_4_	2 19 65, and	that	death occurred at	<b>7A.</b> M. fro	om the causes a			above.
		22a. SIGNATURE	611	0			ATTENDING	MEO	STAFF	22b. DATE SI	IGNED	
,			8. Mec	a V	1 1	M.D.	PHYS.	DIRECTOR	PHYS.	3.4	.66	
1		22c. PHYSICIAN' NAME (Type			JR.		22d. AODRESS	2.1	A. I			
			J. KRE				EAST		Ma.			
	23a	BURIAL, CREMAT	EU) - /- / - /	HEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY		CATION (City, tow	in or county)	(Sta	ate)
	-01	DUMEAL	3///	966	Spring HL	u	1.00. 00	, –	ton, Ad	TOTO ADIO DIO	BIATILOF	
1	24.	MALIONCE		M D CO	AODRESS	A4 19	25a. RE	C'O BY REGIS		GISTRAR'S SIGI		
K		THUISO(E	E. NEUWAN	I G JU	V, Easton,	W.	OATE/A	ПΟ	1966 🥍	ione of	usal	-

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he death certificate be exemted tithin 24 hours after	ittending physician and completely rilled in by the funeral nep please remove carbon papers. Pages 1 and 2 should and in any awart with 77 hours that have
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## MARYLAND STATE DEPARTMENT OF HEALTH

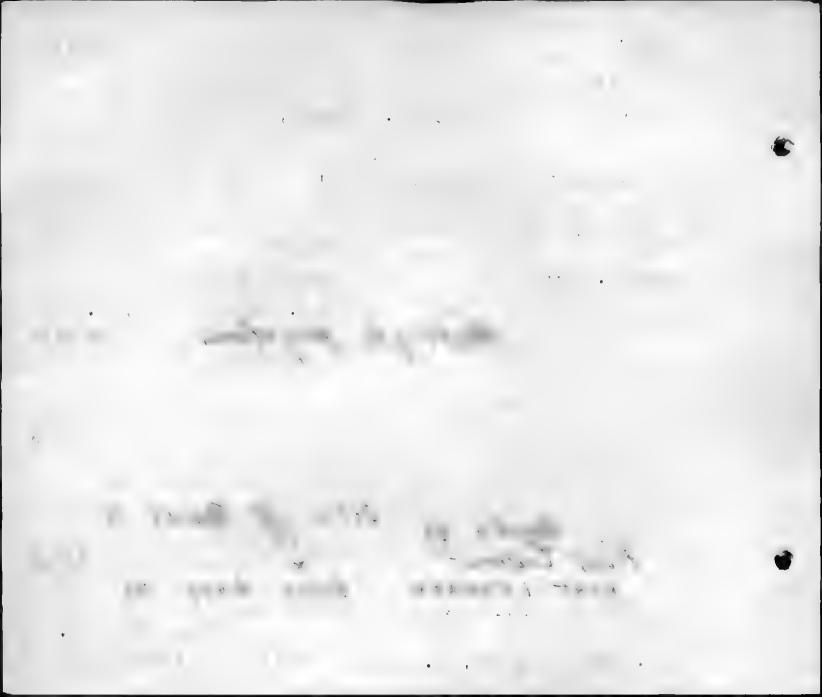
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14.27 114379 00277

				- U. G _
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where dece	essed lived, If institution: Residence	before admiss on
*. COUNTY Talbot	MARYLAND	a. STATE Maryland	L. COUNTY Talbo	t
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	ate limits, write RURAL and give ne	merest (own)
write RURAL and give nearest town) Rural	5 vrs.	Cordova.	7	- 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	, , , , ,	d. STREET ADDRESS		. IS RESIDENCE
				ON A FARM?
3. NAME OF First	Middle	Last 4. DATE	Month Day	Yeer
(Type or print) Ethel	Virginia	Fore DEATH	3 11	1966
5. SEX 6. COLOR OR RACE 7. MARRIE				IF UNDER 24 HRS.
F W WIDOW		5/2/1892	last buthday) Months Days	Hours Min.
	CIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (County & State or fo	reign country) 12. CITIZEN OF	WHAT COUNTRY
done during most of working life, even if retired)  Teacher		Cordova	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	ODE	
Edward R. Perry		Annie Covey P	errv	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17. 1		Address	
Yes, no, or unkown) (Ifyesgive were reletes of service)	unk	George E. Markel	l Cordova, Md.	
18. CAUSE OF DEATH (Enter only one cause par		doorgo H. Markor		RVAL BETWEEN
PART I. DEATH WAS CAUSED BY	MilTOL	mugelon	10	AND DEATH
IMMEDIATE CAUSE (a)	- July 1			
DUE TO	,			
Conditions, if eny, which (b)				
(e), slating the underlying DUE TO				
cause last. (c)		T PER LITE TO THE TEN MAIN DISCLASS OF	0.0017 0.01 0.00701.01 0.407.11 1.70	WALL AL TOREY
PART II OTHER SIGNIFICANT CONDITIONS COL	NIKIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(e) TY	PERFORMED?
<u> </u>				ES NO
PART II OTHER SIGNIFICANT CONDITIONS COL	SCRIBE HOW INJURY OCCURED,	. (Enter netura of in vey in Pert I or Pert II o	of item 18-)	
20c. TIME OF INJURY Month, Day, Year   20d.		CE OF INJURY (Home, farm, 20f. (City	or town) (County)	(Stete)
ZOc. TIME OF INJURY Month, Day, Year 20d. While Hour e.m. 19 et wo	a — tage to the —	ory, street, office bldg., etc.)		
21. I certify that (I) (this Aspital) after		12/2 50 10/	Var. 66 11 1966 th	at (l) (we) las
MASA AA	// //	1-	•	
saw the deceased alive on 22e SIGNATURE	, and that	death occured a nM, from	tile reases end oil lie oal	236. DATE
Kur Leder	er-	ATTENDING MED DIRECTOR	STAFF PHYS.	3/14/29
22c. PHYSICIAN S / /	W	22do ADDRESS	11119	1 /00
NAME ITYPEKURT LE	DERER	QUEEN AN	NE MD.	
230 BUR, AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY   23d. LOCA	ION (City, town or county)	(Slete)
Burial 3/15/66	Springhill	Ea	ston Talbot	Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		AR 25b. REGISTRAR'S SIGNATE	
Jay D. Heverin East	on. Md.	MAR 18 19	66 gCharles Que	100
	A AND A AND A STATE OF THE PARTY OF THE PART	1 - 1 + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	T-3/

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH dinth. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY\_ b. COUNTY etely filled in by the fubon papers. Pages 1 3 within 72 hours after d Maryland after Anne MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hillurs Rural Queenstown -l d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES A NO L within letely rbon I NAME OF Middle Last DATE Month DECEASED (Type or print) DEATH - 19 execute (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE AGE 7. MARRIED NEVER MARRIED last birthday) Months 5/88 WIDOWED [ DIVORCED [ Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT been signed by the attending physician the burial-transit permit. Then please ir to burial, cramation, or removal, and in during most of working life, even if retired) Farming Baltimore, Maryland USA Farmer Inath certifinate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gertrude High Daniel Gise
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) I (If yes give war or dates of service) Centreville, Md. Robert G. Gise unk 18. CAUSE OF DEATH (Enter only one cause per libe for (a), (b); and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The lam requirms that DUE TO Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY detached for use te Dept. of Health for use Health PERFORMED? YES DE 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, officebldg., etc.) Hour a.m. After Not While at work at work p.m. 21. I certify that (1) ended the deceased from \_ that (I) (we) last DIRECTOR: saw the deceased alive nd that death occurred at from the causes and on the date stated above. 3 sho 22a. SIGNATURE 22b. PHYS. M.D. TO FUNERAL director, pr 22¢. PHYSICIAN'S 22d. ADDRES NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL\_(Specify) Wye Mills, Talbot, Md. 66 Burial Old Wye REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. death PLACE OF DEATH a. COUNTY albot Pages 1 rvland by the 1 MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b vithin 72 hours filled in [ichne] Din ton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Lursin within completely carbon NAME OF First Middie DATE Last 4. DECEASED OF event, (Type or print) DEATH lvin 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH been signed by the attending physicial approcorthe burial-transit permit. Then please remove or to burial, cremation, or removal, and in any events to burial, cremation, or removal, and in any events or the burial or the buria 8. NEVER MARRIED DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) ic Teacher Schools death certificate 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), and (c), PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which gave rise to immediate FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached for use as the lould be filed with the State Dept. of Health prior to OUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 19 Co. to 21. I certify that (I) (this hospital) attended the deceased from 194 saw the deceased alive on 22a // SIGNATURE MED. DIRECTOR STAFF M.O. PHYS. 226/ PHYSICHAN'S NAME (Type) 22d. ADDRES director, p should be NAME OF CEMETERY OR CREMATORY 23d. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify) nnedyville Cemtv REC'O BY REGISTRAR **FUNERAL DIRECTOR** 24. VR A15 (4)

USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY ent c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES TO NO Month Day Year 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address ffsdale, INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NOV 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) (County) and that death occurred a M, from the causes and on the date stated above. DATE SIGNED LOCATION (City, town or county) (State) REGISTRAR'S SIGNATURE

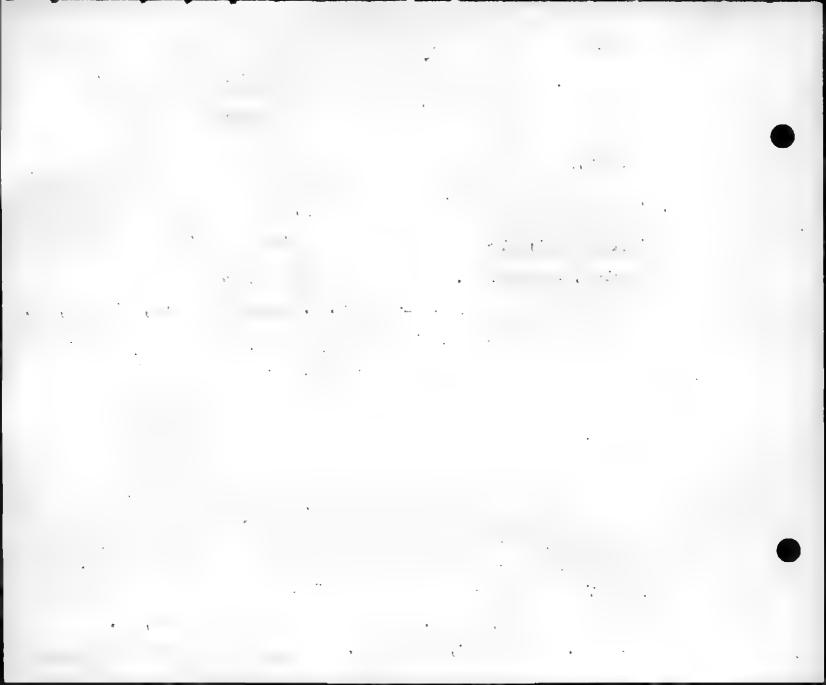
MARYLAND STATE DEPARTMENT OF HEALTH



VR AI5 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	04380 CERTIFICATI	E OF DEATH 04375
-	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	14/607 MARYLAND	a. STATE Maryland b. COUNTY Talbot
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	parlow DONE YAM	Tilghman 20-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital/give street address)	d. STREET ADDRESS  0. IS RESIDENCE DN A FARM?,
	Memorial Hospital	YES NO X
-	3. NAME OF STREET MIDDLE	Last 4. DATE Month Day Year
	(Type or print) And Ph	TAKERISEN 1111 2 27 1966
	* WARKLED ! INCHES WARKLED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 HRS.   Jast birthday)   Months   Days   Hours   Min.
	Male White WIDOWED DIVORCED !	9/13/1903 62 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	Waterman & Legislator	Talbot Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Levin F. Harrison, Sr.  15. WAS DECEASED EVER INU.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	I Ida May Mason
1	(Yes, no, or unkown) ((If yes give war or dates of service))	INFORMANT Address
		s. W. Randolph Harrison, Tilghman, Nd.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (A)	mercicer of fact.
1	DUE TO	Margar L. X.
1	gave rise to Immediate	Koway all 9
ł	cause (a), stating the DUE TO	
	underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
		PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 1   20b) DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
	G OR CONTRIBUTING T PAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
- 1		CE DF INJURY (Home, farm,   20f. (City or town) (County) (State)
	Mune La Mot Aune La	ry, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	960, 19 6 27 66, 19 that (1) (we) last
		t death occurred at 7/4. M, from the causes and on the date stated above.
	224. SIGNATURE 2016	1 22b. DATE SIGNED
	May Miller M.D. M.D.	
	TYAME CYPP) M REPSON	22d. ADDRESS
	y decorate the same of the sam	A Mariaces may
	230. BURIAL CREMATION, 23b. DATE THEREOF 28c. NAME OF CEMETERY BURIAL SPECIFY 3/30/1966 St. John & Co	To 1 1 As 12
	Burial 3/30/1966 St. John's C	emetery / ilghman, //d.
	MAURICE E. NEWHAM & SON, Easton, Md.	AND A SECOND
	mande Co memoria a son, Casable, mas	DAMAR 3 0 1966 Cleanles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 r deat. death. 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY TINTO. COUNTY hours after an and completely filled in by the f e remove carbon papers. Pages 1 in any event, within 72 hours after MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT executed witlin NAME OF 3. First Middle Last 4. DATE Month Day Year PERMATE 1 (Type or print) DEATH 19 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Oays | Hours | Min. SEX COLOR OATE/OF BIRTH DR RACE 7. MARRIEO NEVER MARRIEO MALT WICOWED DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR been signed by the attending physician the burial-transit permit. Then please r ir to burial, cremation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRYZ during most of working life, even if retired) INDUSTRY ETIREC leat certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AbE 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH FINSTCIAN: The law requires that the PART I. DEATH WAS CAUSED BY LICA Ir attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the has be as the prior t underlying cause last (c) FICATION WAS AUTOPSY PERFORMED? this certificate hadetached for use a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CISEASE CONDITIONGIVEN IN PART 1(a) YES [ ио 🏷 willtoute the Nospital 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) D FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the State Hour a.m. MEDI White Not While retained by b.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last 2M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on SIGNATURE 22b. DATE SIGNED ä ATTENDING PHYS. STAFF DIRECTOR M.D. 4 may DSFITAL 220 PHYSICIAN'S TO FUNERAL ADDRESS 22d. BURIAL, CREMATION, 23a. 23b. **OATE THEREOF** 23c. NAME OF CEMETERY OR CREMATORY 234. **LOCATION** (City, town or county) (State) REMOVAL (Specify) 2 cirgia 24.4-FUNERAL DIRECTOR **ADORESS BEC'O BY REGISTRAR** 25b. REGISTRAR'S SIGNATURE VR #15 1/65 20M



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, II Institution; Residence before admission) a. COUNTY b. COUNTY the fes after RYLAND MARYLAND filled in by papers. Pages 72 hours a b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) EQSTON an 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? morral NO YES completely we carbon p ii. NAME OF Oay First Middle DATE Month DECEASED Ð (Type or print) DEATH 19 64821 SEX DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS and cor 6. COLOR OR RACE 7. MARRIED [ 9. NEVER MARRIED last birthday) | Months any EMALE WIDOWED DIVORCEO physician a = 10a, USUAL OCCUPATION (Give kind of work done i 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ä during most of working life, even if retired) INDUSTRY YLAND **■ertificate** FATHER'S NAME MOTHER'S MAIDEN NAME гетоуа 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the attend 6 (Yes, no, or unkown) I (If yes give war or dates of service) cremation, CORN WALL INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] been signed by the the burial-transit or to burial, cramati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: D. clays attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMEO? certificate NO DA NG PHYSICIAN: T by the hospital 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached for the Dept. of it this WFDICAL (State) 20c. TIME OF INJURY Month, Oav. Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work After While p.m. 19 at work retained 3 much mark 2 66 5 19 66 that (I) (we)-last 21. I certify that (1) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 5 A.M. from the causes and on the date stated above. saw the deceased alive on 22b. OATE SIGNED 22a. SIGNATURE 5 monte GG ATTENDING STAFF M.D. DIRECTOR PHYS. may E U director, par should be fil O HOSPITAL 22c. PHYSICIAN'S 22d. AOORESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b, OATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. 12/12 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR AI5 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



# FOR STATE HEALTH DEPT.

O DEPUTY MEDI. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. And 2 with the State Department yent stithin 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages (of Health or its designated agent, prior to burial, cremation, or removal, and in any TO DEPUTY MEDI

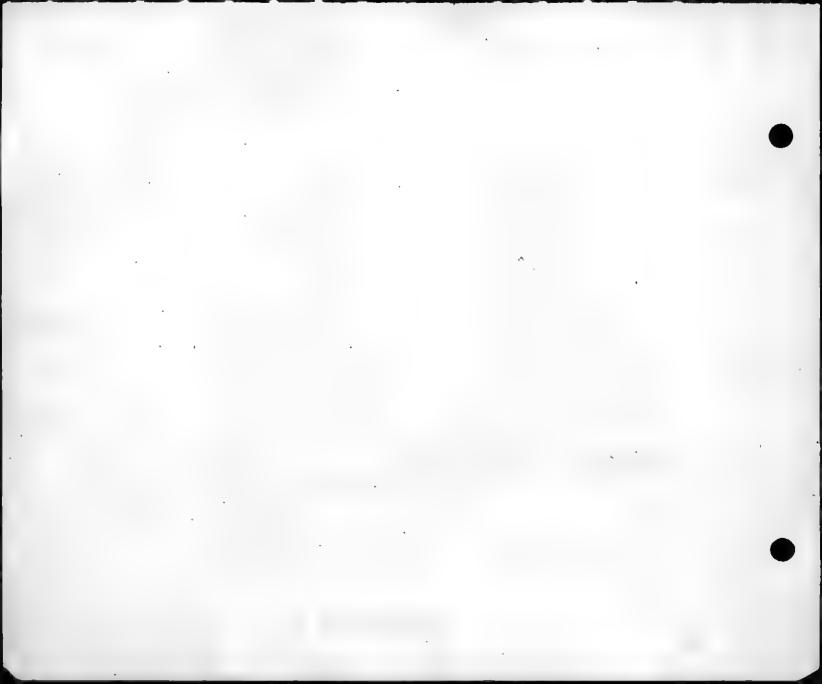
> VR AISME (5) 5M 1/65

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### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

١		DL282 MEDICAL EXAMINER'S	CERTIFICATE	UF DEATH	114;	3/8
ŀ	1.	PLACE OF DEATH a. CDUNTY		E (Where deceased lived, I		e before admission)
l		Talkst MARYLAND	a. STATE	10.4	DUNTY DO	/
ŀ	_	b. CITY OR TOWN (If outside corporate limits.	c. CITY DR TOWN (If	Butside corporate limits	, write RURAL and gi	ve neerest town)
ı		write RURAL and give nearest town)	10. + a.	V 17.	15	3
ŀ	_	d. NAME DE HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	11e	1/	e. IS RESIDENCE
ı		<i>\</i>	01 -	3.	7	ON A FARM?
ŀ	2	Terinial	IT &	1904 H		YES ND X
ı	3.	DECEASED	Last	0f 3 (	lonth Day	
ŀ	it:	(Type or print) Del orgs. E. Coniffer da	ullson	DEATH Q.M. 3	12.	19 66.
ı	3.	6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	Jast birthd	ars   IF UNDER 1 YEAR ay)   Months   Days	Hours   Min.
1		1 WIDOWEO DIVORCED	6-10-0	21 44 yr	8.	
1	10a dur	LUSUAL OCCUPATION (Give kind of work done   10b. KIND DF BUSINESS DR Ing most of working life, even if retired)	11. BIRTHPLACE (SI	ate or foreign country)	12. CITIZEN COUNTRY	
1	4	Serrouge Worker tactory	Marylan	id.	45.1	7.
1	13.	FATHER'S NAME	14. MOTHER'S MAID	EN NAME		
1		Phones Conflui	Min	via Kelson		
Ì	15		INFORMANT	Ad	Idress	
1	(10	es, no, or unhown) (If yes give waster dates of service)	· ml n 1	poton a	or ducin	11- md
ł		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	LATUS	O CASO A, C	INTE	ERVAL BETWEEN
ı		PART I. DEATH WAS CAUSED BY:	a h den	o Varanha	DNS	SET AND DEATH
ı		IMMEDIATE CAUSE (a) > 1 VOCA - UN TOURSEUR	2 ZOD GONALIVA	or journey		,
ì		Conditions, If any, which \ DUE TD Compositions, If any, which	J V. O+	Prison	7 /	horus
ı		gave rise to immediate	14	73,000	~ /	00000
ı		cause (e), stating the DUE TD (c)	U			
1	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVE	NINPARTI(a) 119.	WAS AUTDPSY
j	CERTIFICATION					PERFORMED?
1	FIC	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCU	DDED (Enter Buture of	Injury In Part I or Part		:3   HD
1	Ä	PRIMARY OF CONTRIBUTING CAUSE OF REATH.	MINED: (EDIO: NAME) O	injury in Force of Core	11 01 110111 2017	
I		1 21 300 4 (61).	or or things/lines to	I not total or tour	- County	(Cânán)
-	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 206. PLAC	CE DF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (City or town	n) (County)	(State)
ı	MED	930 (m.) 3-11 19 66 et work et work		Centre Ville	, 62.4	· Md-
ı		21. I certify that I took charge of the remains described above, held	d an Autopsy 🔲,	Inspection	nguiry 🙋 , and	d In my optaion
ı		death resulted from: Natural causes . Accident . Sulc	cide, Homtoto	de 🔲, Undetermi	ned manner 🔲	
1		092/1/20	CHIEF MEDICAL	lange.		
ı		SIGNATURE CAYLUM	_M,D, ASSISTANT MEG	HOAL EXAMINER	22	DATE SIGNED
1		EXAMINER'S A 1 2/1/2 1	DEPUTY MEDICA	AL EXAMINER A	1 2-	12 00
		NAME (Type)		, city, town, or county)	Cantra	X1/11/4
	238	BURIAL, CREMATION, 23b. DATE THEREOF 236 NAME OF CEMETERY	DR CREMATORY	23d. LDCATION (CIT	y, town or county)	(State)
		Iswaid 15-16-65 Willas	CE CEM	CENTREDI	116 K+3	md.
1	24	FUNERAL DIRECTOR	25a. REC	D BY REGISTRAR 25b	REGISTRAR'S SIGN	NATURE
	,	Tumes 13. Vashiell Cast	HAMONO	16 1966 8	Mariles Je	edge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA MEDICAL EXAMIN HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND Department after death. funeral may be essary, b. CITY OR TOWN (if cutside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) ON ICHAELS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) the 5 r e. IS RESIDENCE DN A FARM? melan 3 to the Page ND TA YES NAME D DATE 9 Middle Year First Last Month Day DECEASED OF 3 (Type or print) DEATH 1966 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR DATE OF BIRTH Pages 1, th form NEVER MARDIED last birthday) Months Days COL death. WIDOWED DIVDRCED 1 and event 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during-most of working life, even if retired) COUNTRY? RIVER AUB in any **FATHER'S NAME** EXAMINER: This certificate whom the elecuted willin 24 flours the certificate, writing the word "bending" in pencil in Item 18 is should be forwarded to the Chief Medical Examiner's Office, and fles. Sh 0 0 N OWN File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(If yes give war or dates of service) permit. removal, 2170 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a DUE TO Conditions, if eny, which (b) rise to immediate DUE TO cause (a), stating 60 underlying cause last. used as to burial (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO T 3 should be agent, prior DESCRIBE HOW (NJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While CTOR: Page designated at Work \_\_\_ at Work 21. I cortify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion FUNERAL DIRECTOR: f Health or its design Undetermined manner death resulted from: Natural causes 5 Accident Suicide Homicide execute the r. Page 4 s d for your f CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAMINER please ex director. retained f **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 1 23b. OR CREMATORY /LDCATION (City, town or county) (State) DATE THEREOF 23c. 101 REMOVAL (Specify) ( FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE A15ME (5) 5M 1/65

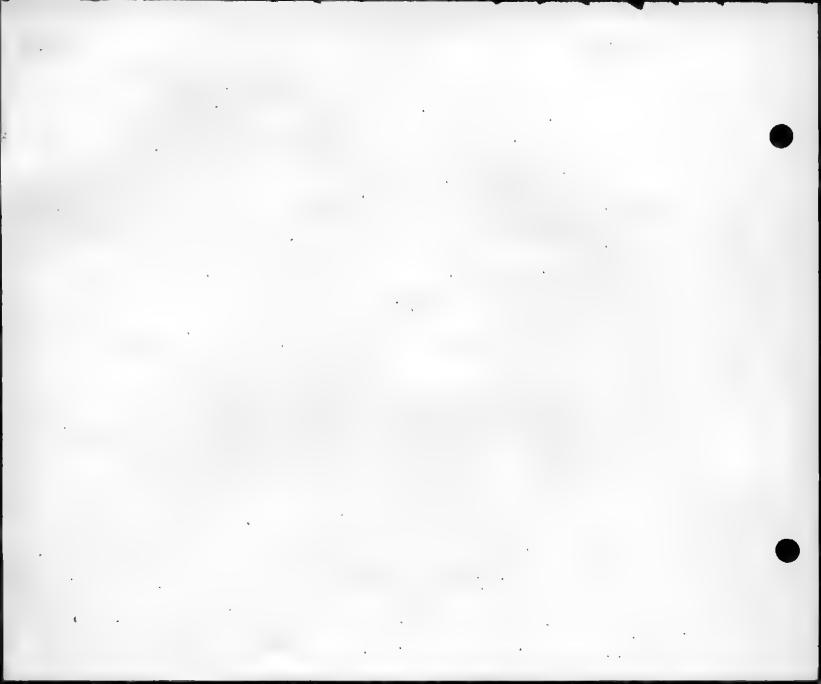


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death de de PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTA hours after the MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) OULS asi Ξ. papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ND P completely i within NAME OF First Middle 4. DATE Month Day Year × Last DECEASED (Type or print) DEATH 19 executed 5. SEX 6. COLOR DR RACE AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months, Days Hours | Min. 7. MARRIED [ 8. DATE OF 9. **NEVER MARRIED** WIDOWED DIVORCED [ 10b. KIND DF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and þ during most of working life, eyen if retired) physi certificate ā FATHER'S NAME attending ph гетоуа 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. INFORMAN Address cremation, or (Yes, no, nor unknown) | (If yes give war or dates of service) emth the CAUSE OF DEATH [ Enter only one cause per line for INTERVAL BETWEEN been signed by the the burial-trans.t or to burial, cremat 18. (a), (b), and (c). requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate as the prior to DUE TD cause (a), stating the underlying cause last. Jas CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. r this certificate h detached for use te Dept. of Health for use Health hospital or YES [ NO X 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WINY ICENSE 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) State factory, street, office bldg., etc.) Hour a.m. While Not While After 19 at work at work p.m. retained DIRECTOR: A age 3 should filed with the S plnods 13 2 3 Much 1966 21. I certify that (I) (this hospital) attended the deceased from\_ and that death occurred at 5000M, from the causes and on the date stated above. 23 19 66 saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED pe page ATTENDING 3-24-66 X DIRECTOR M.D. PHYS. PHYS. TL 3y OSTIT TO FUNERAL director, pa 22d. ADDRESS 22c. PHYSICIAN'S Stephen P. NAME (Type) Carnev Easton. 3-24-66 Maryland BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (CITY (State) REMOVAL (Specify) BURIA FUNERAL DIRECTOR VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH after death USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside\_corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours EAFORD .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AQORESS e. IS RESIDENCE within 72 ON A FARM? NO D YES letely NAME OF Middle DATE Mon th Last Day Year DECEASED event, (Type or print) DEATH COMP C 5 196 0 remove 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO last birthday) Months I Days Hours in any WIDOWED OIVORCED 10a. USUAL OCCUPATION (Give kind of work done) BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR ease during most of working life, even if retired) INDUSTRY COUNTRY? and physici certificate ᆸ 13. FATHER'S NAME MOTHER'S MAIOEN NAME remova OBERT 15. WAS DECEASED EVER IN U.S. ARMEO FORDES? 16. SOCIAL SECURITY NO. 17. INFORMANT the attend it permit. 0 (Yes, no, or unkown) ((If yes give war or dates of service) NONE cremation, NO been signed by the the burial-transit por to burial, cremati CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which (b) gave rise to immediate DUE TO (a), stating the prior underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT.NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Health PERFORMED? certificate CERTIFICATI emature, breech NO T YES Į the hospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 70 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached Dept. this CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State I Hour a.m. After d be d While Not While p.m. at work at work be retained DIRECTOR: A age 3 should iled with the 9 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at CAM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED page ATTENDING ADORESS **OIRECTOR** HOSFITAL FUNERAL PHYSICIAN'S TO FUNERAL director, p NAME (Type) **CEMETERY OR CREMATORY** 23a BURIAL, CREMATION, 23b. DATE THEREOF NAME OF LOCATION (City, town or county) (State) REMOVAL (Specify) سمدا FUNERAL DIRECTOR **ADORESS** 25a. REGISTRAR'S SIGNATURE NEC'D BY REGISTRAR 25b. 1966 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rural - St. Michaels Oak d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS Rio Vista Nursing Home 3. NAME OF Middle 4. DATE OF (Type or print) DEATH March 6. COLOR OR RACE T, MARRIED THEYER MARRIED 9. AGE (In years , IF UNDER TYEAR 8. DATE OF BIRTH last birthday) Months Female WIDOWED DIVORCED Dec 10a. USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE [County & State, or fore.gn country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retirad) Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeseph Lubbs Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (If yas giva war or datas of servica) Lester Pastorfield, Reval 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) rdiae + gave rise to immediate cause DUE TO (a), stating the underlying OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION rel 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW NURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or lown) factory, street, office bldg., atc.) While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the decrased alive on. SIGNATURE

. IS RESIDENCE

YES NO W

1956

IF UNDER 24 HRS.

Min.

Hours

Oak, Md.

MONSET AND DEATH

PERFORMED?

(State)

22b. DATE STGNED

(State)

1920 that (i) (we) last

Devs

(County)

USA

Year

ON A FARM?

After this certificate ha Say be retained by DIRECTOR: After ceath. Page 4
TO FUNERAL I director, page 3
be filed with.

ISM 7/61

22c. PHYSIC, AN'S NAME (Type

funeral should

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hours

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Then

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been signed by

has

attending

burial-transit

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completely

and

physician remove

> 23a. BURIAL, CREMATION, , 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 966 Spring Hill Cemetery 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

ATTENDING

22d. ADDRESS

PHYS.

M.D.

MAED

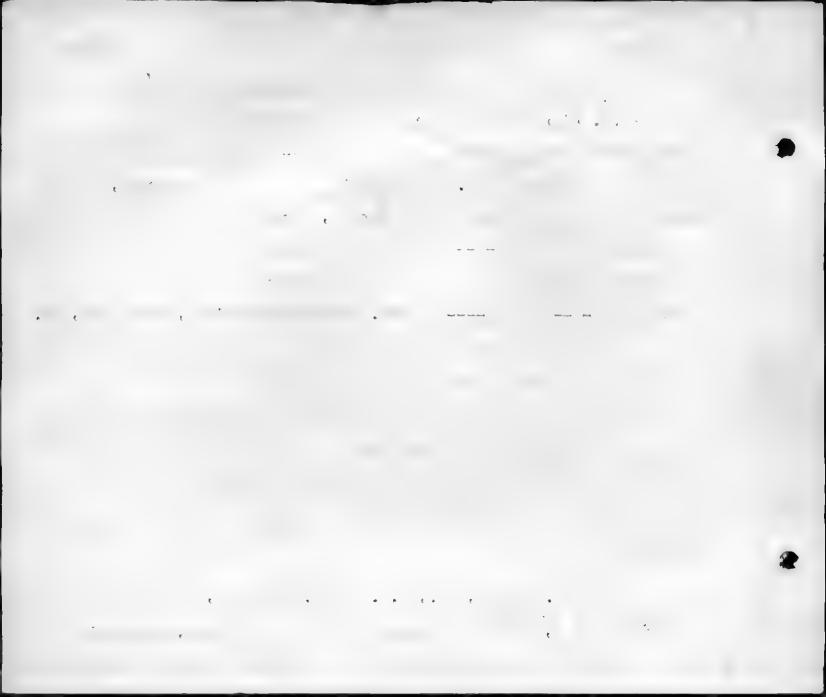
DIRECTOR

Michaels,

STAFF

PHYS.

23d. LOCATION (City, lown or county)



TO NORMITAL OR ATTENDING PHYSTOIANI The law requires that the dentil curtificate be executed mithin 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciam amd cumpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and ip-any event, within 72 hours after death.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O6388

CERTIFICATE OF DEATH

04383

	19388	CERTIFICATI	C UP DEAT	П	U	TOOO	1
1.	PLACE OF DEATH		2. USUAL RESIDE	NCE (Where deceased li-	red. If institution: R	esidence before adm	nistion)
	a. COUNTY Treling	MARYLAND		Maryland		aroline	4
_	b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (	If outside corporate i	imits, write RURAL	and give nearest	town)
	write RURAL and give nearest town)	11 20.10)	Gre	eensboro		05-6	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	Ospital, give street address)	d. STREET ADDRES	e e		e. IS RESID	DENCE
	2-0			None		ON A FA	RM?
	Memorial	V		Mone		YES N	10
3.	NAME OF First	Middle ,	Last	4. DATE	Month	Day Year	
	OECEASED (Type or print)	Max Milyo	1.	OF DEATH	3-	31. 19	66
5.	SEX 6. COLOR OR RACE 1. MARRIED		B. DATE OF BIRTH	19. AGE (	In years LIE UNDER		24 HRS.
F	amala   White	DIVORCED [	May 6, 18	386 7 <sup>8</sup> 1	Irthday) Months	Days Hours	Min.
10a	. USUAL OCCUPATION (Give kind of workdone   10b, K	IND OF BUSINESS OR		(County & State, or forei	an country)   12, CI	ITIZEN OF WHAT	
쌭	ing most of working life, even if retired) NO	NDUSTRY ONE	Marylar		TT CC	OUNTRY?	
		,110	· · · · · · · · · · · · · · · · · · ·		U.E	) • A •	
13.	FATHER'S NAME		14. MOTHER'S MA				
	? Morris		Mary E.	Sennett	a delena		
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, no, or unknwn) ((fyes givewar or dates of service)	SOCIAL SECURITYNO. 17.	INFORMANT		Address		
	No 074	-07-15461	Mande Mor	roe Gree	nahomo	Manager	
_	18. CAUSE OF DEATH [ Enter only one cause per I				HB OOT O	INTERVAL BET	WEEN
	PART I. DEATH WAS CAUSED BY:	robral inf	antion			ONSET AND DE	
	IMMEDIATE CAUSE (a)	200 2002	000001			J-10 C	
	DUE TO	0-0-0	0 :	4 *	1.10.	2 10.1	,
	Conditions, If any, which (b)	estal Wir	o-mbosch	u, re. me	lake	3-18-6	00
	gave rise to immediate Cause (a), stating the DUE TO		1 (	1			
	underlying cause last. (c)	مر الله	ereloral	Lardera	V		
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUT	
CERTIFICATION						YES N	MED?
Ħ	20a. ACCIDENT WAS UNDERLYING   20b. (	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature	of Inlury In Part I or	Part II of Item 18.	.)	
CER	208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d.		CE OF INJURY (Home,		town) (Cou	inty) (St	tate)
ã	Hour a.m. While	I NOT WILL I I	ry, street, office bldg.,	, etc.)			
≅	p.m. 19 at work	-	/ 3 20		<b>3</b>	/	
	21. I certify that (I) (this hospital) attend	ed the deceased from 3		1966, to 3		€, that (I) (we	
	saw the deceased alive on 2-24	19 <u>66</u> , and that	death occurred at	4 M, from the	causes and on ti	ne date stated a	above.
	22a. SIGNATURE		ATTENDING =	MED STA		ATE SIGNED	
	Robert W. Tre	wer M.D.	. PHYS.	DIRECTOR PHY		66 71166	2
	22c. PHYSICIAN'S		22d. ADDRESS				
	NAME (Type) Robert W. Tre	ver M.	Easten.	Marmiland	1	10-1-1-1-	
238	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			(City, town or co	nty 00 (Sta	te)
	Burial 4-301966	Denton		Dantas	Manual		
24		ADDRESS	1 25a. R	Denton EC'D BY REGISTRAR	Maryla 25b. REGISTRAR	S SIGNATURE	
1	1 E B ()	0				as Judge	
-,4	100 Tollenes yree	sultre /14	OL DATE	2R 5 1968	1	Jan Jan	

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TO MOSHITM OR ATTENDING BEYELDIAN. The May requires that the death cartificats be executed willin 24 hours after death.

[age 4 may be retained by the hospital or attending plysician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remote carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and a governt, within 72 hours after deating

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

	Division of Statistical Research and Recompany of President Street, Baltimore I, Martianu						
	62389 CERTIFIC	TAC	OF DEATH			04384	
1.	PLACE OF DEATH		Z. USUAL RESIDENC	E (Where deceased live	d, If institution: R	esidence before admission)	
	a. COUNTY		a. STATE	/ 1 1	b. COUNTY	11-4	
	MARYLA MARYLA		ITIAK	YIAnd		TUGIL	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	M TD	C. CHY OR TOWN (II	outside corporate iin	IIIS, WITH KUKAL	and give nearest town)	
	Easton 15 days	<	EAS:	FON.		/	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	iress)	d. STREET AODRESS			e. IS RESIDENCE	
	Mariorial Ilaratal	i				ON A FARM?	
	THE MOVICE HOSPILLE	Í				YES NO	
3.	NAME DF First Middle	- 4	Last	4. DATE	Month	Day Year	
	(Type or print) - men (1)	M	corler		uich	31 1966	
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	X   8	DATE OF BIRTH	9. AGE (In	years   IFUNDER	1 YEAR IF UNDER 24 HRS.	
	M GOL WIOOWED DIVORCED		Jacombon 11		thday) Months	Days Hours Min.	
102	a. USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINESS OR		THE BIDTHE ACE (CO	onty & State, or fereign	Powntry) 12 CI	TIZEN OF WHAT	
dur	ing most of working life, even if retired)INDUSTAY		A	0 -15		IIINTRY?	
	LABGYET FACTORY		NORTH	CAROLIY	10 6	USA	
13.	. FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
	LINKOWN		UNK	OWN			
	S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. es, no, or unknown)   (If yes give war or dates of service)	17.	INFORMANT		Address	, ,	
	A C N B	1.)	ames Pear	les Sh	crword	Md.	
_	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).	1				INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: 12-7011	71/16	77711			ONSET AND DEATH	
	IMMEDIATE CAUSE (a)	and the said	1. Edde	7		168775	
	DUE TO		1: 112			1 3/10	
	Conditions, If any, which	2	aleter	re-		104101	
	gave rise to immediate (	//					
	vadadular cover lest	6					
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TOFIA	TEN TO THE TERMINAL D	PERSECONDITION C	VEN IN PART 1/a)	19. WAS AUTOPSY	
CERTIFICATION	ANTICOTION STATE OF THE STATE O	IKELA	TED TO THE TERMINALD	ESEASE CONDITION OF	)	PERFORMED?	
2	Cocketice severe, otherosette	rat	in caroli	0 60 V	d'	YES NO	
RTII	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	Injury In Part I or P.	art II of Item 18.	)	
E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
AL	2Dc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20	e. PLAC	CE OF INJURY (Home, fa	rm,   2Df. (City or t	own) (Cou	nty) (State)	
MEDICAL	Hour a.m. While - Not While -		y, street, office bldg., el		,		
X	p.m. 19 at work at work	-		//		4	
	21. I certify that (I) (this hospital) attended the deceased fro	mQ_	7 19	2, to	<u> </u>	(c) that (l) (we) last	
	saw-the deceased alive on 3 1966, and	d that	death occurred at X	M, from the c	auses and on th	ne date stated above.	
	228 CSIGNATURE			1	22b. D	ATE SIGNED	
	11111111111111111111111111111111111111	M.D.		MED. STAF	114-	160	
1	ZZEZ PAYSICIAN'S	171.0	1 22d. ABORESS	1 2		1	
	MAME TYPE W 1200 XOL X	7	ATM	16001	1 WOM		
238	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEM	FTERV	OR CREMATORY	23d. LOCATION	City, town or cou	inty) (State)	
17	REMOVAL (Specify)		/	0//	1	4. /	
L		00 (	of Can	3 H2R	Me 9	M d .	
24	FUNERAL OTRECTOR ADDRESS		25a. REC	D BY REGISTRAR 2	Sb. REGISTRAR	S SIGNATURE	
	James B 1735/1111/ Edston	7 6	MC APR 1	1 1966 1	[cuarley	Judge	

is a first free of expenses in

LALLI TALKING A HIGH IN . I'M

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#### FOR STATE HEALTH DEPT.

DEPUTY MEX. EXAMINER: This certificate should be executed within 24 hours after death. If any delay, cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

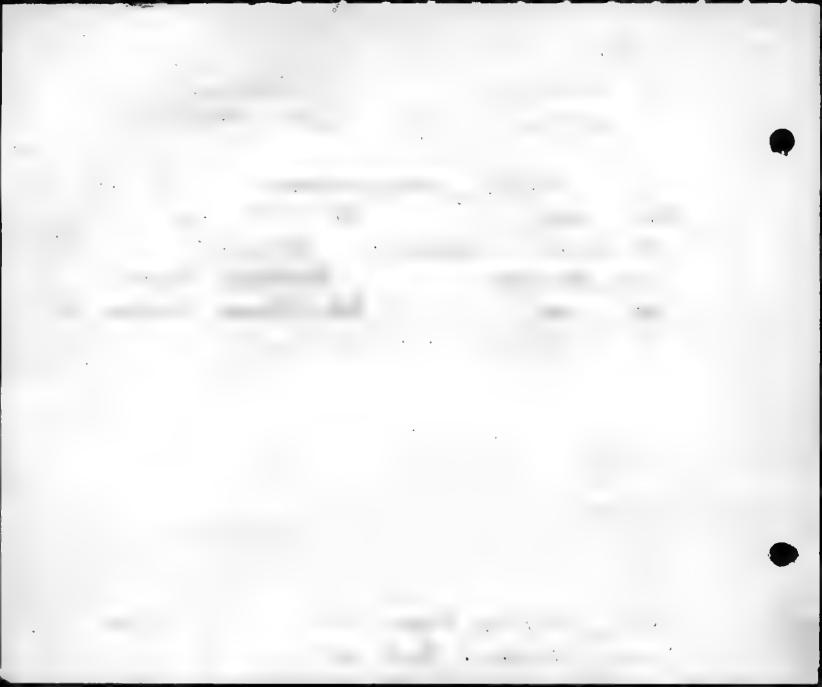
TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages (\*e.nd.) 2 with the State Department of Health or its designated agent, prior to burlal, cremation, or removal, and in an even within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	-	12930 MEDICAL EVAMINER 2	CERTIFICATE	OL DEVIU	0 2 0 0 17
ľ	1.	PLACE OF DEATH	2. USUAL RESIDENCE (	Where deceased lived, If institu	ution: Residence before admission)
1		a. COUNTY	a. STATE MAD II	b. COUNTY	
ŀ		MARYLAND	11/0/2	YAANd	BURNS and also and discount
ı		b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town)	c. CITY OR TOWN (If out	side corporate limits, write	RURAL and give nearest town)
١		CORDONA Life	CHAME	(OR DAVA	- /
ŀ	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	OF:07:1	e. IS RESIGENCE
ı					ON A FARM?
					YES NO X
I	3.	NAME OF First Middle	Last 4.		, Day Year
ı		OECEASED (Type or print) NOPRIC MALEYON	1 ml - 10 th	DEATH 3	12 19 66
ŀ	5.	1 V N N Z J J N Z N Z N Z N Z N Z N Z N Z N	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
ı	347	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	S. DATE OF BIRTH	last birthday)	onths Days Hours Min.
1	11	IRIE NA GILO WIDOWED TO DIVORCED T	OCE. 16 142	444 yrs.	ondia dojo inotio inimi
Ì		. USUAL OCCUPATION (GIVERING OF WORK done   10b. KINO OF BUSINESS OR	, 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ı	duri	ing most of working life, even if retired) INOUSTRY	Mann	1/21/1	COUNTRY
ı		MECHANIC BUTOMOPILE	MAKEY	YHXG	27 W/F
ı	13.	FATHER'S NAME	14. MOTHER'S MAJDEN	NAME	
1	, d	LIZE NEWNAM	(TERTEN)	HOT JOHN	5
ŀ	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	1
ı		s, no, or unknown) (If yes give war or dates of service)	11. N h	Van	led med
		YES   NNII .	chap. Juli	rain (suro	ova, rea.
	П	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			ONSET AND GEATH
		PART 1. DEATH WAS CAUSED BY: (OFONGVU O	CEILESION		UNSET AND DEATH
J		IMMEDIATE CAUSE (a)			
1		4-01 DUE TO			
1		Conditions, if any, which (b)			
J		gave rise to immediate ( cause (a), stating the  DUE TO			
1		andertules some lost			
1	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI	ATE O TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PA	RT 1(a) 119. WAS AUTOPSY
1	2	A. J. · · · /	23120 (0 1112 1 21111111111111111111111111		PERFORMEUT
٠	CA	( hrome alciholis			YES NO
ı		20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature of In)	ury in Part I or Part II of I	tem 18.)
1	E	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			
	100		ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
ı	5	faci	tory, street, office bldg., etc.)	201. (01() 01 (0111)	(002/10)
ı	MEDICAL CERTIFICATION	p.m. 19 at work of while			
		21. I certify that I took charge of the remains described above, h	eld an Autopsy . I	nspection 🔀, Inquiry	and In my opinion
			ulcide . Homicide	Undetermined m	anner 🗆
		death resulted from: Natural causes , Accident   , S			Tarrice
		La Illust	CHIEF MEDICAL E		22. DATE SIGNED
		ACTUAL SIGNATURE COMP / Many	M.D. ASSISTANT MEDIC		22. DATE SIGNED
		18.1-2 - 1	DEPUTY MEDICAL	examiner 🔀	344-66
à		EXAMINER'S NAME (Type)	Address (Street, c)	Ity, town, or county)	0 100
	23a			23d. LOCATION (City, town	n or county) (State)
	234	DEMOVAL (Specify)	27:1	70/	1-4 h
1		Lilleral 3-11-66 BUSEN DOL	1812	DY DEGLOTED I THE DEG	1070 ADIO OLOMATION
4	24	FUNERAL DIRECTOR - AODRESS	25a, REC'D	BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
1		amos 5. Alaskino Parlar.	THE DWG R I	6 1956 Rcha	vely Judge.
	1		7,000		

1/65

TO DEPUTY MEX

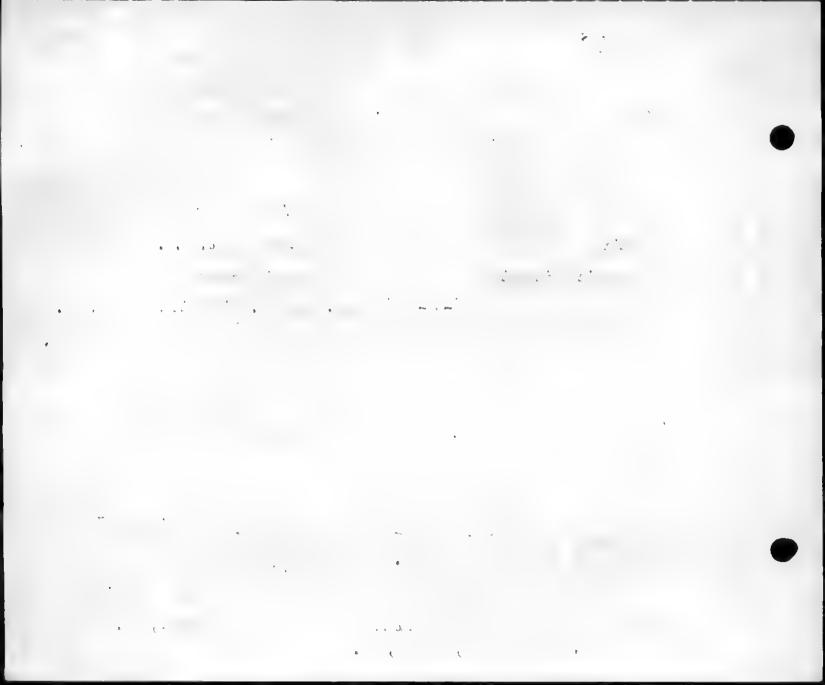


VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. STATE/ARYLAND b. CITY DR JOWN, (if outside corporate limits, with RURAL and give nearest town) b. STATE JARYLAND b. CITY DR JOWN, (if outside corporate limits, with RURAL and give nearest town) b. STATE JARYLAND b. CITY DR JOWN, (if outside corporate limits, write RURAL and give nearest town) b. STATE JARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside co
### STREET AGRESS   COLOR OR REST   CONTRIBUTION (Frot in hospital, give street address)   d. STREET ADDRESS   ON A FARMY   YES   NO   ON A FARMY   YE
d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  on A FARNY  3. NAME OF DECASED BY ATT PICKLRING  Green BY ATT PICKLRING  S. SEX  MALE  WHITE  WIDOWED  DIVER MARRIED  TRESSALAGE  AND  LIS. HATCH MARRIED  ADDRESS MAIDEN NAME  Frederick  Freder
HOUSE IN THE PINES - EASTON    Control   Contr
3. NAME OF OFOCHASED BY ATT PICKLRING MIDDER MIDDER CLAST MONTH OF BUSINESS DR (Type or print) MARCH 3 Type of pri
DECEASED LYATT PICKERING  Type or print YATT PICKERING  S. SEX  S. CDLDR DR RACE  MALE  S. CDLDR DR RACE  MALE  S. CDLDR DR RACE  MALE  S. CDLDR DR RACE  MIDOWED  DIVDRCED  J. BIRTHPLACE (County & State, or foreign country)  Renselaer (o. N.Y.  Renselaer (o. N.Y.  Renselaer (o. N.Y.  Renselaer (o. N.Y.  Months  Days Hours Min.  Months  Days Hours Min.  Months  Nellie Greene  14. MOTHER'S MAIDEN NAME  Frederick Pickering  15. WAS DECEASED EVER IN U.S. ARMED TERREST  (Yes, no, or unknown) (Ifyes give war or dates of service)  16. SDCIAL SECURITY ND.  214-35-5584  Mrs. Wyatt D. Pickering, Easton, Md.  NELLIE Greene  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), 1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TD  Conditions, If any, which gave rise to immediate cause (a), stating the DUE TD  Conditions, If any, which gave rise to immediate cause (a), stating the DUE TD  Conditions, If any, which gave rise to immediate  Cause (a), stating the DUE TD  Conditions, If any, which gave rise to immediate  Cause (a), stating the DUE TD  Conditions, If any, which gave rise to immediate  Cause (a), stating the DUE TD  Conditions, If any, which gave rise to immediate  Cause (a), stating the DUE TD  Conditions of any, which gave rise to immediate  Cause (a), stating the DUE TD  Conditions of any, which gave rise to immediate  Cause (a), stating the DUE TD  Conditions of any, which gave rise to immediate  Cause (a), stating the DUE TD  Conditions of any, which gave rise to immediate  Cause (a), stating the DUE TD  Conditions of any, which gave rise to immediate  Cause (a), stating the DUE TD  Conditions of any, which gave rise to immediate  Cause (a), stating the DUE TD  Conditions of any, which gave rise to immediate  Cause (a), stating the DUE TD  Conditions of any or
MALE WHITE WIDOWED DIVDRCED 10/6/1889 Jast birthday) Months Days Hours Min.  IDB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  IDB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  IDB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  IDB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  IDB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  IDB. USUAL OCCUPATION (Give kind of work done life, and in the life most of working life, even if retired)  IDB. USUAL OCCUPATION (Give kind of work done life, and in the life, and in the life, and in the life, and in the life, and life, even if retired)  IDB. USUAL OCCUPATION (Give kind of work done life, and li
12. BUSUAL OCCUPATION (GIVE KIND OF BUSINESS DR during most of working life, even if retired)   10b. KIND OF BUSINESS DR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN DF WHAT SOUNTRY   12. CITIZEN DF WHAT SOUNTRY   12. CITIZEN DF WHAT SOUNTRY   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SDCIAL SECURITY ND.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (e).]   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (e).]   18. CAUSE OF DEATH Enter CAUSE (a)   19. WAS AUTOPSY
Farming  13. FATHER'S NAME  Frederick Pickering  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)  16. SOCIAL SECURITY ND.  17. INFORMANT  Address  Vestie Greene  18. CAUSE OF DEATH Tenter only one cause per line for (a), (b), and (c). I  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TD  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (a)  OR CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBU
13. FATHER'S NAME  Frederick Pickering  15. WAS DECEASED EVER IN U.S. ARMED FDRES! (Yes, no, or unknown) (If yes pire war or dates of service)  214—35—5584  Mrs. Wyatt D. Pickering, Easton, Md.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TD  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  The part is of immediate cause (a), stating the underlying cause last.  The part is of immediate cause (b).  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  20a. ACCIDENT WAS UNDERLYING I CONCERNED.  20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 214-36-5584  Mrs. Wyatt D. Pickering, Easton, Md.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TD  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO  NO  NO  10. SOCIAL SECURITY ND. 17. INFORMANT  Address  Address  INTERVAL BETWEEN ONSET AND DEATH O
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 214-36-5584  Mrs. Wyatt D. Pickering, Easton, Md.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TD  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO  NO  NO  10. SOCIAL SECURITY ND. 17. INFORMANT  Address  Address  INTERVAL BETWEEN ONSET AND DEATH O
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TD  Conditions, If any, which gave rise to immediate cause (a), stating the buff of the cause (a), stating the underlying cause last.  (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PER CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)
PART II. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TD  Conditions, if any, which gave rise to immediate cause (a), stating the but to but to underlying cause last.  (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO  ONSET AND DEATH  ONSET AND
DUE TD  Conditions, if any, which gave rise to immediate cause (a)  UE TD  Underlying cause last.  (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO DUE TD  Underlying cause last.  (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING ()  CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X 100 C CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING 10 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO X  202. ACCIDENT WAS UNDERLYING 12 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)  OR CONTRIBUTION 12 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
cause (a), stating the DUE TD underlying cause last.  (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO X  OR CONTRIBUTING 11 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING 12 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO NO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Dische Les Mullifus. @Chr. Rleving food Arthi tis Yes No No No Contribution of
The Transfer of Indian Hard Bar Van Love Indian Programme Con Programme Con Indian Control (Control
20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Hour a.m.
21. I certify that (I) (this hospital) attended the deceased from 11.4 1965, to 3.3 , 1965, that (I) (we) last
saw the deceased alive on 3.3 1965, and that death occurred at 10. M, from the causes and on the date stated above.
22a. SIGNATURE 22b. DATE SIGNED
M.D. PHYS. DIRECTOR PHYS. 1  22c. PHYSICIAN'S 122d. ADDRESS
NAME (Type) S. KRE'C'H, IR Easton, Md.
23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State)
Burial 3/6/1966 Greenmount Husbons, Ild.
PAURICE E. NEWNAM & SOV, Easton, Md. DAYLAR 8 1956 P. J.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 띪 a. CDUNTY MARYLAND b. CITY DR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b papers. Page hin 72 hours a write RURAL and give nearest town) Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within etaly executed within completaly ve carbon NAME DE Middle 4. DATE DECEASED (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED гетточе Female DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done. 10b. KIND OF BUSINESS OR attending physician rmit. Then please during most of working life, even if retired) INDUSTR
Potired Chief Operator-Cand INDUSTRY dath cert cate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Pusey 15. WAS DECEASED EVER IN U.S. ARMED FDRGES? (Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITYND. | transit permit. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law remuires that the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed DUE TO Cenditions, If any, which rise to Immediate for use an thin b Health prior to b **DUE TD** cause (a), stating the underlying cause last. has CERTIFICATION certificate 5 this cerum detached fo 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Not While factory, street, office bldg., etc.) Hour a.m. at work p.m.

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsbur e. IS RESIDENCE ON A FARM? 216 Greenridge Poad ND ' 19 6 AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HR3 | Hours | Min. 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Dorchester County. Lydia A. Jones Address "elson Pasey, Eacton, "aryland INTERVAL BETWEEN DINSET AND DEATH PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES X NO [ DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) (County) (State) After Id be d DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from 19 . 19 \_, that (I) (we) last and that death occurred at \_M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE filed ATTENDING MED. DIRECTOR M.D. PHYS. PHYS **III DI III TAL** TO FUNERAL PHYSICIAN'S 22d. diractor, p 22c. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Federalskur, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DEBY REGISTRAR . A15 (4)

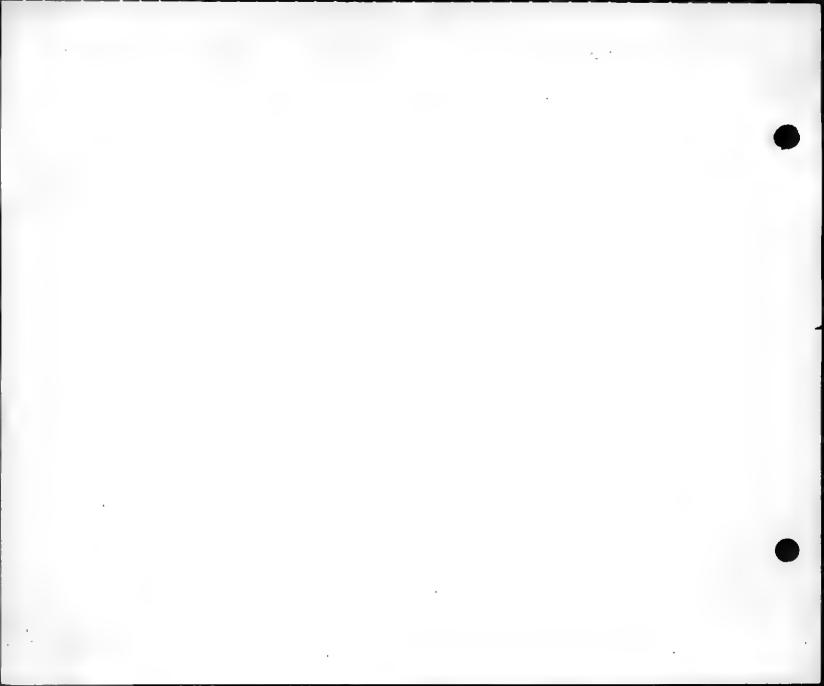


## FOR STATE HEALTH long with farm PM3. Page Lity delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to With the State Department of Health or its designated agent, prior to buriol, cremation, or remayol and in any event within 72 hours after death. This certificate should be executed within 24 hours ofter death. If the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office. 5 moy be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 leads. TO DEPUTY MEDICAL EXAMINER:

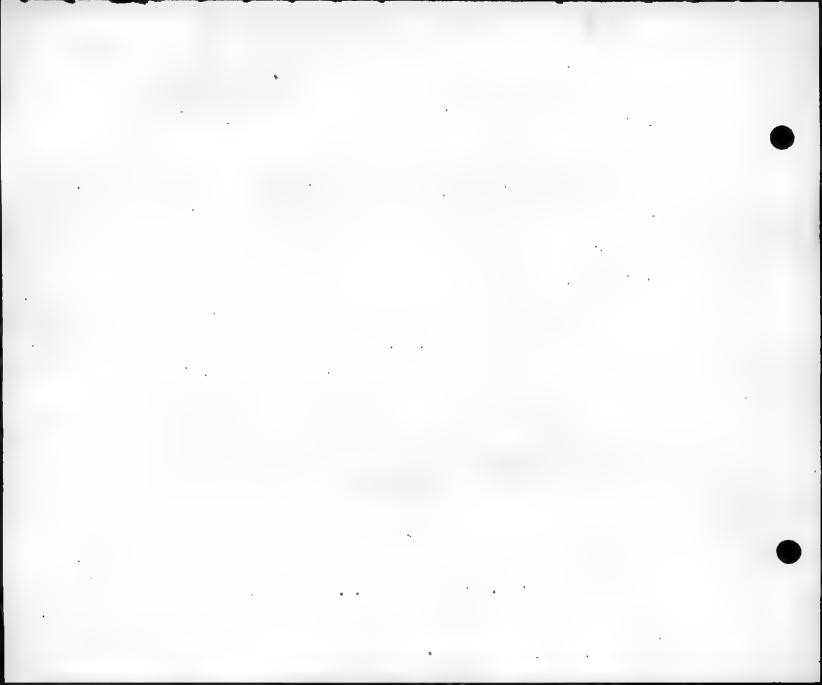
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH						
04393 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH					
1 PLACE OF DEATH	2 USUAL RESIDENCE (Where depraced lived if institution Residence before admission)					
O COUNTY TO BOT MARYLAND	o STATE Maryland 6 COUNTY Talkat					
b CTY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
write RUNAL and awa nearest jown)	CARDOVA RUM					
d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address)	d STREET ADDRESS  d IS RESIDENCE ON A FARM?					
	YES NO					
3 NAME OF First Middle	Last 4 DATE Month Day Year					
(Type or print) SAMES ARTHUR	KEID OF THE 3 26 1966					
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF B RTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS					
MA/E /REGRO WIDOWED . D. VORCED .	June 9,1917 4 gst bythday) Months Days Mours Min					
100 USJAL OCCJPATION (G ve kind of work dane 10b K ND OF BUSINESS OR	11 BIRTHPLAGE (State or fore gn country) 12 CITIZEN OF WHAT					
during most of working rife, even if retired) INDUSTRY	Caposkie 11.C. COUNTRY? USA					
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
JOHN TO KEID SR.	MARY OVERTON					
(Yes no as unknown) (III was one was as dates of source)	INFORMANT Address					
(185, 10, 10 ) IN 10 11 11 195 give wal a addes at severe 244-12-3641 K	SUIHA. Somes CORDOVA, MD					
1B. CAUSE OF DEATH (Enter only one cause per lye for (a), (b), and (c).)	O INTERVAL BETWEEN					
PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COUNTY ST	Colnoin ONSET AND DEATH					
4201 DUE TO						
Conditions, if any, which gave (b) (b)						
stoting the underlying couse DUE TO						
lost. (c)						
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?					
E Hemortuy from month	YES NO SK					
LIFE A SIDE PRINCIPAL CULTURE MAY 1 SUPPLIES TO SECONDE MOW INTROVULABLED	(Enter noture of in cry in Part or Part 1 of item 18)					
CAUSE OF DEATH.						
	ACE OF INJURY (Home, form, 20f (City ar town) (Caunty) (Stote)					
pm 19 at work at work	nary, steed, an calling, each					
21. I certify that I took charge of the remains described above, h	eld an Autopsy 🔲 , Inspection 🔀 Inquiry 🔲 , ond in my opinian					
death resulted fram. Natural causes 🔀 , Accident 🔲 , Sui	icide 🔲, Hamicide 🔲, Undetermined monner 🗍					
ACTUAL IN A NO. 64	CHIEF MEDICAL EXAMINER					
SIGNATURE SIGNATURE	M.D ASSISTANT MEDICAL EXAMINER					
EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER Address (Street, city, town, ar (aunty)  3-30-66					
230 BURNA CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR SOUTH A	CENETERY TAIDOT NO					
21 FUNERAL DIRECTOR	250 RECTO BY REGISTRAR 256 SEGISTRAR SSIGNMURE					
James D. Mashell Gaslow /	nd, APR I 1966 former Juge.					

VR A15ME (5)



1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ ₩0,	Tallot CERTIFICATE OF DEATH ()4389
hours after leath.  d in by the funeral irs. Pages 1 and 2 2 hours after death	PLACE OF DEATH a. COUNTY  TALBO  MARYLAND  MARYLAND  D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b)  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)
24 hours affar filled in by the papers. Pages 1 in 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)
fill fill 7	astou Tillegareal VES   NO
ited mithin 24 h completely filled ve carbon paper. event, within 72	NAME DF DECEASED (Type or print) C Parce Uadara Schultz 4. DATE Month Day Year DF DEATH 3 - 16 1966 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BILL 9. AGE (In years IF UNDER 1 YEAR   IF UNDER 1 YEAR   IF UNDER 2 4 H
te be executed spicion and con slease-remove.	MALE WHITE WIDOWED DIVORCED MAIN 1890 Isst birthday) Months Days Hours Mile 1890 Isst birthday) Months Days Hours Mile 1890 Issues OF WHAT ISSUE (County & State, of foreign country) 12, CITIZEN OF WHAT
physician n please-	Ing most of working life, even if retired)  INDUSTRY  MARYLAND  COUNTRY?  FATHER'S NAME  14. MOTHER'S MAIDEN NAME
rt Ca	WILLIAM HOXTER HARRIET GARDNER
Jemth cert c	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
NG PHYSICIAN: The law requires that the death certacate be executed althin by the hospital or attending physician.  Iter this certificate has been signed by the attending physician and completely be detached for use as the burial-transit permit. Then please—remove carbon leate Dept. of Health prior to burial, cremation, or removal, and in any event, with	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) A cuta pulmonary adama  DUE TO  DUE TO
law requires that tattending physician, has been signed be as the burial-tran in prior to burial, cre	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) Conditions of the co
TO HOSPITAL OR ATTENDING PHYSICIAN: The law require Page 4 may be retained by the hospital or attending professer DIRECTOR. After this certificate has been director, page 3 should be detached for use as the bashould be filed with the State Dept. of Health prior to be should be filed with the State Dept.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPS   PERFORMED?   YES   NO.
PHYSICIAN: the hospital this certifi detached fo	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ATTENDING PHYSICIAN: retained by the hospital CTOR: After this certifi I should be detached fo vith the State Dept. of H	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)  Hour a.m.   19   While   at work   at work   19   19   19   19   19   19   19   1
ATTENDIII retained CTOR: Ai should with the S	21. I certify that (I) (this hospital) attended the deceased from
ay be DIRE	Robert W. Trever M.D. ATTENDING MED. STAFF   3/17/66
O HOSPITAL Page 4 may O FUNERAL C director, pag	22c. PHYSICIAN'S NAME (Type) Robert W. Trever M. D. Easton, Maryland
TO HOS Page 4 TO FUNI direct should	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  STEVENSVILLE STEVENSVILLE MD  FUNERAL DIRECTOR C ADDRESS 1. 125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Sgart Lane Church Hill Md. DATIAR 2 2 1958 Actionles Judge



pe of the original to Q 1 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. (ecuted within '24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CAROLE OF DEATH

		000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
T	a. STATE D. COUNTY	10 hit
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)	and kill of	2
E95500 25 da.	ett w Caston,	IRA.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
Memorial Hospital	61/Mores st.	YES NO
3. NAME OF First Middle DECEASED	Last 4. BATE Month	Day Year
(Type or print) Estelle	Thomas DEATH March	18 19 66
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	Total State Anna Inc.	YEAR IF UNDER 24 HRS.
TEMALE   WIDOWED DIVORCED	11-18-21 38 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT UNTRY?
LABORER LOMESTIC	I alfal, Led	431
13. FATHER'S NAME	14. MOTHER'S MANDEN NAME	
Edward Copper	Lota sentieno	
15. WAS DEGEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. (Yes, no, or unknown) (If yes nive war or dates of service)	INFORMANT Address	16. 25
No 3- 218-20-9692	Electon flen Hauphelal	- Castonful
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),2	. /	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart 73	ואין אין	ONSET AND DEATH
1116		
conditions, if any, which,	STUMP	
gave rise to immediate (b)	11 >:017	
cause (a), stating the DUE TO	0 / 2 - 1 / 1	
underlying cause last. (c)	E1 ty04/5	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA I		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
□ fant	ACE OF INJURY (Home, farm, 20f. (City or town) (Cour ory, street, officebidg., etc.)	nty) (State)
Hour a.m. While Not While p.m. 19 at work at work	or 31 art cost a meaning of creat	
21. I certify that All (this hospital) aftended the deceased from		, that (I) (we) last
	it death occurred at 5 M, from the causes and on the	
22a. SIGNATURE		TE SIGNED / /
With the many of the same of t	ATTENDING MED. STAFF	Wesichloh
220. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) E-C-H SCHMIA	7 [25/0/]/NOXY	121A.
23a BORIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or cou	nty) (State) /
William 2-21-66 Acchar	10 Cent Taltal	IKA:
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR	SIGNATURE
the a Call hell & T. In	~ DAMAR 2 2 1966 Juliane	2 Luck
James Elos La la man Li	DAIRGITT W	

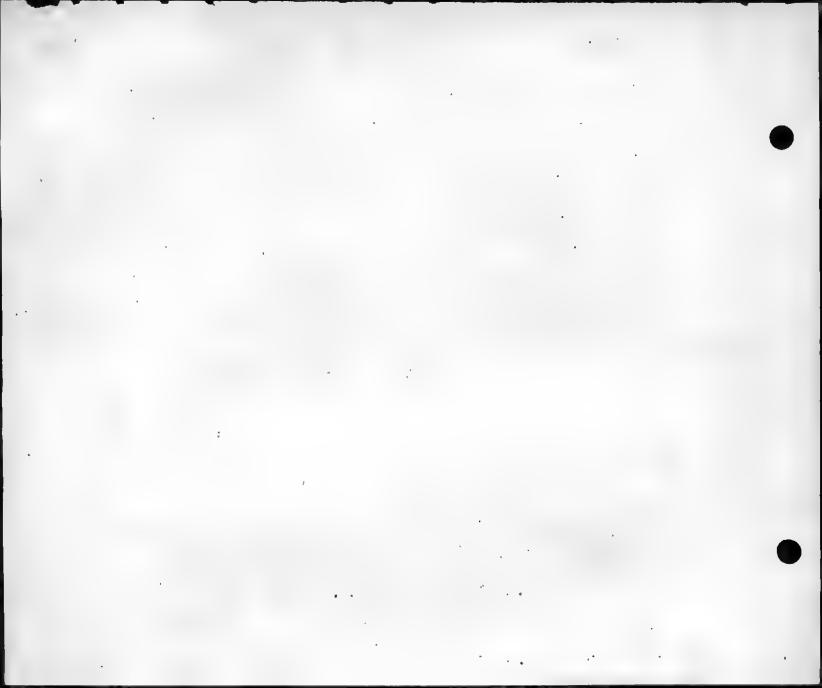


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VR A15 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF ST	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	I, MARYLANI
N4397	CERTIFICATE OF DEATH	11431

-1					000
1	1. PLACE OF DEATH a. COUNTY			ere deceased lived, If institution: I	Residence before admission)
1	Talbal	MARYLAND	a. STATE MARY	LAND " DOPE	IN HNNE
	b. CITY OR TOWN (If outside corporate fimits, write RURA) and give nearest town)	NGTH OF STAY IN 1b	c. CITY OR TOWN (If outsid	e corporate limits, write RURAL	and give nearest town)
ı	write Roicht and Bive nearest town)	5 dovis	COUPPA	1ST MININ	,
ľ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS	2100010	e. IS RESIDENCE
7	L Memorial Hospita	al .	RT3		ON A FARM?
ı	3. NAME OF First	Mtddle		ATE Month	Day Year
1	(Type or print) Tames Sc	ward	Thomason	DEATH MOOTING	73 1966
ľ	5. SEX   6. COLOR OR RACE   7. MARRIED   NE	VER MARRIED 8	B. DATE OF BIRTH	9. AGE (in years IFUNDER	
ļ	MAIF NHITE WIDOWED	DIVORCED T	WOO IL 1959	ast birthday) Months	Days Hours Min.
ŀ	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF		11. BIRTHPLACE (County &	State, or foreign country)   12. C	ITIZEN OF WHAT
ı	during most of working life, even if retired) INDUSTR	Υ	FASTON		OUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	עטורטןאחןי	VOA
ı	LONG FAMILIAN THE	MOCON	14. MOTHER'S MAIDEN HA	1 0	
Į.		MINSOIN	DETITLE		
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL (Yes, no, or unknown) (If yes give war or dates of service)	SECURITYNO. 17.	INFORMANT	Address	MID
			AMES IHOM	1PSON - () 11e	ENSTOWN
ľ	18. CAUSE OF DEATH [Enter only one cause per tine for	a), (b), and (c).]	,		INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	neu mo	20102		ONSET AND DEATH
1	Y 7 3 DUE TO O	t	1 1		
1	Cenditions, If any, which	INTIC F	Brown of	Consesson	6 cms
1	gave rise to immediate	Total A	0 40 404 0 1	0-10 0-40	- 0
1	cause (a), stating the DUE TO underlying cause last,	,			
1		DEATH BUT NOT DELA	TEN TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1/a)	119. WAS AUTOPSY
1	TA TANK TO THE STATE OF THE STA	TO LANII DO THO THE LOA	ICD TO THE TERMINAL DISEASE	2	PERFORMED?
1	9			T	YES NO
۱	영 OR CONTRIBUTING 그 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IE HOW INJURY OCCU	RRED. (Enter nature of injury	in Part t or Part II of Item 18	(.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Of Hour a.m. While p.m. 19 at work at			Of. (City or town) (Co	unty) (State)
1	Hour a.m. While No at work at	t While   ractor	ry, street, office bldg., etc.)		
	21. I certify that (!) (this hospital) attended the		3-18 , 1966	to 3-23 194	د that (I) (we) last
1				W, from the causes and on i	
	22a. STGNATURE	1302 EZ, allu tilat	death occurred activities		ATE SIGNED
	John & Baylen	М.D.		STAFF -	-24-66
	22c( PHYSICIAN'S NAME (Type)		22d. ADDRESS	1. 1 E 05 To	111-1
	John E. Baybutt	M_ ]	a 205 Lan	e un EASION	7 /4 (1
1		NAME OF CEMETERY	OR CREMATORY 230	. LOCATION (City, town or co	unty) (State)
	BURIAL (Specify) MARCH 26 / S	TEVENSV	HLLE S	STEVENSVILLE	MD
	24. EUNERAL DIRECTOR	ADDRESS	25a, REC'D BY	REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	Edoga J. Lang. Church	1400 m	DATE AR 2	9 1966 Aclian	es Julas.
	- A CONTRACTOR OF STREET	AUL 41	DATE.	//	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please response carbon papers. Pages, and 2 should be flied with the State Dept. of Health prior to burial, cremation, or removal, and In finy event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	E OF DEATH 04394	1
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a. STATE b. COUNTY	sion)
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest to	own)
Easton	RURAL EASTON 20-1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Eastou Meurorus	d. STREET ADDRESS  e. IS RESIDED ON A FARM  YES NO	M?
3. NAME OF BECKASED (Type or print) BC CALLAN TALLAN TALLAN	Tran DATE Warch 7 19 Co	6
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   FUNDER 24	
T WIDOWED DIVORCED	MARCH 22, 1902 63 yrs. 11 13 Hours N	Min.
10a. USUAL OCCUPATION (Give kind of work done of lob. KIND OF BUSINESS OR during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE OWN HOME	ORWIESBURG, PENNA. U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FRANK C. STERNER  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	TRENE MARY WILDERMUTH	
(Yes, no. or unknown) (If yes nive war or dates of service)	RED CITRAY EASTON, MD.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of the carried 8 minutes	7
17/X DUE TO		
Conditions, if any, which gave rise to immediate (b)		
cause (a), stating the DUE TO		
underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   119. WAS AUTOP	PCV
E PARTITIONER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT REL	PERFORMED	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCC  BY CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While at work at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ory, street, office bidg., etc.)	te)
	19 5 to 3 19 6 6, that (1) (we)	las
saw the deceased alive on 3 / 2 1966, and that	it death occurred at M, from the causes and on the date stated ab	ove
22a. SIGNATURE Slyph O Cons M.		
22c. PHYSICIAN'S NAME (Type) Stephen P. Carney M.	D. Easton, Maryland 3/8/66	
230. BURIAL EREMATION, 236. DATE THEREOF 230. NAME OF CEMETER REMOVAL (Specify) MARCH 12,1966 S PRING	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)	)
24. FUNERAL DIRECTOR ADDRESS Casion.	252. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DAMAR 1 0 1966 Clearles Queles	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

" Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04399	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	04395
1,	PLACE OF DEATH O COUNTY  TAlbo	+ MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Res	idence befare admission)
	b. CITY OR TOWN (If outside carparate lim write RURAL and give nearest tawn)	mits, c LENGTH OF STAY IN 16	c: CITY+OR TOWN (If autside carparate limits,+write RURAL and	
-	d. NAME OF HOSPITAL OR INSTITUTION (IF	HOTON WULT T IOM	d. STREET ADDRESS	0 3 2 e. IS RESIDENCE
7	Memorial	11	6 LIBERTY PARKWAY	ON A FARMS
3.	NAME OF CEO		Last 4. DATE Month	. Day Year
	(Type or print) George	Rge W U	leish h. DEATH MARCH	26 1966
177	SEX 6. COLOR OR RACE  MALE CAUCASIA	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	SEPT. 9,1906 9. AGE (In years left birthday) Month	DER 1 YEAR   IF UNDER 24 HR ns Days Hours Min
10	o USUAL OCCUPATION (Give kind of work do	ne 10b KIND OF BUSINESS OR		. CITIZEN OF WHAT
Ċ	HIEF, UTILITIES	BUR GOVERNMENT	MARYLAND	COUNTRY? USA
	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
L	GEORGE WS WELS		ELIZABETH ZINKAND	
()	(MAS DECEASED EVER IN U.S. ARMED FORCE (es, no, ar unknown) (If yes give war ar date	or of convice)	INFORMANT Address AS LIZABETH SPARKS WELSH	ABOVE
	18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:	couse per line for (a), (b), and (c).)	Heron troes	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUS	SE (0)	1 / www ?	mille
	Canditions, if any, which gave	(h)		
	rise to immediate cause (a), stating the underlying cause	DE TO		
	last.	(c)		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?  YES NO
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING ID CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	7
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.	While - Not While - fac	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	(County) (State)
	21. I certify that I took char	rge of the remains described abave, he	eld an Autopsy 🔲 , Inspectian 🔀 Inquiry 🗌	, and in my opinio
	death resulted fram: Natu	oral causes Accident . Suit	cide [ ], Homicide [ ], Undetermined manner	
	ACTUAL Physics tou	Harris	CHIEF MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
	SIGNATURE FALLES/US			26 ker 66
	NAME (Type)		Address (Street, city, town, or county)	
23	a. BURIAL CREMATION, 23b. DATE TO BURIAL BURIAL B/30/			(County) (State)
7	BURTAL' B/30/4	66 OAK LAWN	BALTIMORE CO	S SIGNATURE
1	Mayrell 1/2	widen + SAV. Ca	MAR 3 0 1966 gclion	les Judge
-	WADIBE TOURS	BRADLEY, DUNDALLY	BU4	

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